

## Confidential Employee Evaluation

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### Section I – Employee Self-Evaluation

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Fiscal Time Period: \_\_\_\_\_

**Directions: Complete Employee Self-Evaluation (maximum 2 pages).  
Submit to your supervisor/manager prior to performance evaluation.**

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1. Briefly describe the major goals and objectives you have achieved this past year?
2. Was there something that you wanted to accomplish this year that you were unable to do? If so, what was it and what do you feel prevented you from accomplishing this?
3. Are there other factors, you believe should be considered in evaluating your performance, that have not been covered by this form?
4. What can your supervisor do to assist you in meeting your goals?
5. How would you rate yourself on demonstrating the following managerial competencies based on definition provided below?

- 5 = Exceptional:** Consistently **exceed standards** – Shows initiative in setting priorities that strongly support organizational mission and goals. Competencies and abilities are clearly recognized by peers as well as managers. This year’s contribution clearly moved the organization forward.
- 4 = Highly Successful:** **Consistently met and often exceeds** standards – Demonstrates in-depth knowledge of all criteria. This year’s contribution is clearly identifiable.
- 3 = Fully Successful:** Consistently met standards in most or all performance areas – Demonstrates knowledge in most or all job criteria. No major errors of execution or strategy. Good solid performer.
- 2 = Minimally Successful:** Does not consistently meet standards in one or more performance areas. Needs to demonstrate on-going ability to set priorities that reflect organizational mission and goals.
- 1 = Unacceptable:** Consistently deficient in meeting standards – Performance significantly below standards. Demonstrated incompetence in most critical areas.

Competencies/Performance Standards	Rating (1 – 5)
Job Knowledge	
Customer Satisfaction/Customer Service	
Communications	
Accountability	
Judgment	
Affirmative Action	
Supervisory Ability (if applicable)	

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date