**Employee Self-Evaluation**

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| Full Name |  |
| Employee ID |  |
| Position |  |
| Department |  |
| Entry Date |  |
| Date of Review |  |

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| **Current responsibilities** |
| How would you describe your main responsibilities? |
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| Have these responsibilities changed over time? |
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| Do you carry out any other tasks, and if so, which? |
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| Is there anything in your work you would like to change, and if so, how would you do it? |
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| What could your line manager do to help you be more successful in your job? |
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| How do you think your department could improve? |
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| **Performance vs Achievements** |
| What action have you taken to fulfil your responsibilities? |
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| Do you feel you've been successful during this period? |
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| Do you think you could have done anything better? |
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| How do you think you have contributed to our department during this period? |
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| What are your main strengths? |
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| In which areas do you feel you could improve? |
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| **Goals and Objectives** |
| What objectives have you reached during this period? |
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| Which ones did you not manage to achieve, and why? |
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| What objectives do you propose for the next period? |
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| Is there anything in your work you would like to change, and if so,  how would you do it? |
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| What could your line manager do to help you be more successful in your job? |
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| How do you think your department could improve? |
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| **Professional development** |
| What training programmes have you taken part in? |
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| Are there any areas you would like to train in? |
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| Do you need extra resources or training to do your job? |
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| What could your line manager do to help you achieve your professional development goals? |
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| **Employee** |  | **Manager** |
| Full name: |  | Full name: |
| Date: |  | Date: |
| Signature: |  | Signature: |