

Self-Evaluation Performance Review

Employee Name: _____
Department: _____

Position/Role: _____
Review Period: _____

Note: For each performance area, check the box that best describes how you view your performance.

Self-Assessment Areas	Needs Improvement	Fair	Good	Very Good	Excellent
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Open-Ended Questions

What accomplishments are you most proud of during this review period?

What areas do you feel you need to improve on?

What support or resources would help you perform better?

What are your goals for the next review period?