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|  | **FY23 EMPLOYEE SELF-ASSESSMENT FORM**  ***Completion of this form is optional.*** |

**Please complete this form and provide it to your supervisor prior to your annual performance review.**

**Deadline to submit to your supervisor is October 2nd, 2023**

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| **NAME:** |  |
| **EMPLOYEE ID #:** |  |
| **JOB TITLE:** |  |
| **DEPARTMENT:** |  |

1. List what you believe the key elements of your job were during the past year.

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2. What were your major accomplishments for the past year?

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3. What training and development activities did you complete during the year?

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4. What were your major challenges to accomplishing your goals/job responsibilities?

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5. What do you believe your key goals should be for next year?

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6. What do you need to allow you to attain those goals?

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7. Other Comments:

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| --- | --- | --- | --- |
| **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
|  |  |  |  |

**SUPERVISOR, PLEASE RETURN WITH EMPLOYEE’S ANNUAL PERFORMANCE EVALUATION**

**EMPLOYEES ARE ENCOURAGED TO KEEP A COPY FOR THEIR RECORDS**  
FOR MORE INFORMATION GO TO: <http://www.learningcc.org/perform>