

# College of the Redwoods

## OPTIONAL CLASSIFIED PERFORMANCE SELF-ASSESSMENT FORM

(To be completed by the employee, discussed during the evaluation meeting, and, if desired, attached to the completed performance evaluation forms when submitted to the Office of Human Resources)

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

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

Employee Datatel #: \_\_\_\_\_

Location: \_\_\_\_\_

Division/Dept.: \_\_\_\_\_

Evaluation Rating Period (coincides with classification anniversary month)	From: _____  To: _____
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**GOALS AND OBJECTIVES FROM EVALUATION YEAR:** (list the Goals or Objectives that were established for you for the evaluation year, and indicate your progress in completing each one)

C = Completed    I = In Progress    W = Withdrawn

GOALS AND OBJECTIVES	CURRENT STATUS
	C   I   W
	C   I   W
	C   I   W
	C   I   W

During the evaluation year, my primary job responsibilities were the following:

In completing the tasks related to these responsibilities, I consider my strengths to be the following:

I feel that I need improvement in the following general job skills:

In order to be more effective on my job, I need the following (list additional training needed; issues, policies and/or procedures that need clarification; job modifications; etc.)

<b>List Job Needs</b>	<b>Describe briefly how each one would assist in making you more effective in the performance of your job duties.</b>

I gain the most satisfaction from performing the following job duties: (describe)

I get the least satisfaction when I perform the following job duties:

I suggest the following to increase my job satisfaction:

The following is my assessment of my performance:

<b>PERFORMANCE FACTORS</b>	<b>Exceeds Job Standard</b>	<b>Meets Job Standard</b>	<b>Occasional Problems in Performance</b>	<b>Consistent Problems in Performance</b>
Knowledge of Applicable Policies and Procedures				
Contact with Co-workers and other District employees				
Contact with General Public				
Use of Independent Judgment				
Planning and Organization of Workloads				
Quality of Work				
Adaptability				
Use of Safety Procedures				
Directing the Work of Others (if applicable)				
Attendance				
Other Factor(s)				

My overall work performance can best be described as follows:

\_\_\_ I believe that I have completed the tasks assigned to me in a competent, accurate, well thought-out and timely manner. I feel that I understand the major aspects of the position and of what is expected of me.

\_\_\_ I believe that I have been able to accomplish most of the tasks assigned to me; however, some areas do need improvements. Those areas are the following (briefly describe):

\_\_\_ I feel that I have problems in certain aspects of my work and recognize that I need to improve. (specify)

Additional Comments:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_