College of the Redwoods OPTIONAL CONFIDENTIAL 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	From:
	То:

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C = Completed I = In Progress W = Withdrawn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
	CIW
	C I W
	C I W
	CIW

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:

List Job Needs	Describe briefly how each one would assist in making you more effective in the performance of your job duties.
I gain the most satisfaction	rom performing the following job duties: (describe)
I get the least satisfaction w	hen I perform the following job duties:
I suggest the following to inc	crease my job satisfaction.

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

PERFORMANCE FACTORS	Exceeds Job Standard	Meets Job Standard	Occasional Problems in Performance	Consistent Problems in Performance
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)				
out and timely manner. I feel that I understand the expected of me. I believe that I have been able to accomplish mareas do need improvements. Those areas are the	ost of the t	asks assiç	gned to me;	
I feel that I have problems in certain aspects of specify)	my work a	and recogi	nize that I n	eed to imp
Additional Comments:				
Employee Signature:		Date	:	