



## ANNUAL SELF-ASSESSMENT FORM

ASSOCIATE NAME: \_\_\_\_\_ CURRENT JOB TITLE: \_\_\_\_\_

DATE OF LAST EVALUATION: \_\_\_\_\_ DATE OF THIS EVALUATION: \_\_\_\_\_

EVALUATOR'S NAME & TITLE: \_\_\_\_\_

This form is to be completed by an Associate after considering the supervisor's comments from the previous review (if applicable), personal career goals, and the department's strategic goals. Please feel free to use additional space or pages as necessary.

1. **List goals that were established in your last review stating whether or not they have been met. If not completed, comment on progress to date.**
  
2. **List additional accomplishments during the last review period that were beyond the established goals.**
  
3. **Comment on how your job has changed over the last review period.**
  
4. **Indicate where you have made the most progress in your work this year.**
  
5. **Where do you think you need to/would like to make any improvements during the upcoming year?**
  
6. **How do you plan to make these improvements?**
  
7. **What suggestions do you have as to how your supervisors, co-workers, and/or others can support you in your present job and with future career goals?**
  
8. **List 3-5 goals that you propose for the coming year.**
  
9. **Please indicate any other specific areas that you wish to discuss during your performance assessment meeting.**