

Date:	_____
Your Name:	_____
Your Title:	_____
Your Supervisor:	_____
Review Period:	_____

Self-Performance Review Form

A. PERFORMANCE ASSESSMENT

1. **Evaluate and discuss your job performance.** Base your evaluation upon the position requirements, achievement of the goals established during the previous review and your assessment of the employee's performance during the evaluation period.

Click here to enter text.

2. **Are there examples of significant performance where you went above and beyond?** Provide specific examples.

Click here to enter text.

3. **Are there areas of performance you feel you could use additional training and/or would like to improve upon before the next evaluation period?** Provide specific examples.

Click here to enter text.

4. **State and discuss your goals for the upcoming review period.** Goals should be S.M.A.R.T. (Specific, Measurable, Achievable, Results-Focused and Time Bound). Give examples of how these goals can be met (e.g., training). How will you accomplish this goal and how can your supervisor(s) assist you in meeting this goal?

Click here to enter text.

B. OVERALL ASSESSMENT

Use this section to provide an overall rating of you as it relates to the expectations of the department and the City.

Choose an item.

Please sign below to acknowledge that you have provided the information for this self-review. Your supervisor will sign to confirm he/she reviewed this prior to completing your review.

Employee's Signature:	_____	Date:	_____
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Supervisor's Signature:	_____	Date:	_____
Department Director's Signature:	_____	Date:	_____