

**Staff Self-Assessment Form**

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| **Employee Name (Last, First)**  Click or tap here to enter text. | | **Employee Aggie ID**  Click or tap here to enter text. | | **Employee Title**  Click or tap here to enter text. | |
| **Date Employed by NMSU**  Click or tap here to enter text. | | **Department**  Click or tap here to enter text. | | **Date Employed in this Position**  Click or tap here to enter text. | |
| **Evaluator Name (Last, First)**  Click or tap here to enter text. | | **Evaluator Aggie ID**  Click or tap here to enter text. | | **Evaluator Title**  Click or tap here to enter text. | |
| **Evaluation Period** Click here | | **Evaluation Type** | | | |
| ***From***Click to enter a date. | ***To***Click to enter a date. | ***Annual Performance*** | ***End of Probation*** | | ***Other*** |

**Purpose:** The purpose of thisform is to allow employees the opportunity to provide feedback to their evaluating supervisor on how they view their own performance on the job. Additionally, it serves as a tool to assist the employee in communicating training and resources needed to be successful. This form is used for internal departmental purposes, maintained in the department file only and not maintained with the performance evaluation form in the official personnel file.

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| **This is the progress I’ve made on my goals this year:** |
| 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. |

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| **Three (3) of my most important accomplishments that contributed to my department’s success this year were:** |
| 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. |

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| **I would like more experience, training or education in:** |
| Click or tap here to enter text. |

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| **The key factors (either positive or negative) which affected my job this year were:** |
| Click or tap here to enter text. |

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| **If possible, I would like to work on the following departmental projects or tasks:** |
| Click or tap here to enter text. |

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| **The things my supervisor did to help me perform my job were:** |
| Click or tap here to enter text. |

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| **Additional ways my supervisor could have helped me were:** |
| Click or tap here to enter text. |

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| **Other suggestions or comments:** |
| Click or tap here to enter text. |

We have discussed Staff Self-Assessment Form.

**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**