**Great Falls College MSU**

**Employee Name:** Click here to enter text. **Title:** Click here to enter text. **Supervisor:** Click here to enter text. **Review Period:** Click here to enter text. **Department:** Click here to enter text.

**Date:** Click here to enter text.

**Classified Staff
Performance Evaluation Self-Assessment Form**

*Please complete this form and return it to your supervisor two weeks prior to your review discussion.*

1. **Performance Highlights:** List your top accomplishments and contributions, and any factors that helped or hindered your achievements.
2. **Performance Challenges:** List any goals not met and explain the circumstances, including what actions were taken to address unforeseen barriers or circumstances outside your control.
3. **Strengths:** Please review the responsibilities for your position and identify your strengths in accomplishing them, giving specific examples from this performance period.
4. **Opportunities for Development:** Please review the responsibilities for your position and identify your primary areas for professional development based on your performance over the last review period. Include proposals for training.
5. **Goals:** Please indicate your preliminary goals (in your current position) for the coming performance review period.

**Other Comments/Professional Development Requests (Optional):**