

Self Evaluation (Staff) — Fall Cycle

September 1, 2025 — August 31, 2026

Evaluation Date: _____

The completion of this form is a **required** step in the annual staff performance evaluation process. Employees should use this form to reflect on their performance during the designated review period by providing ratings and comments across key performance areas, including job performance, professional competencies, collaboration, and progress toward established goals.

Employees are expected to provide thoughtful and honest feedback regarding their accomplishments, strengths, and areas for growth, specifically as they relate to their individual goals and their overall impact on departmental and institutional priorities.

Please note that supervisors will also complete a performance evaluation. Completed evaluations should be exchanged between the employee and supervisor at least two (2) days prior to the scheduled performance review meeting.

Section 1: Personnel Information

Employee & Supervisor Information

Employee Name:	Employee Title:	Department:
Employee Status:	☐ Exempt	☐ Non-Exempt
Supervisor Name:	Supervisor Title:	

Section 2: Performance Evaluation

Rating Scale:

5 - Exceeds Expectations: Work is exceptional; goes far beyond standard requirements

4 - Above Expectations: Work is better than average; surpasses standard requirements

3 - Meets Expectations: Work meets the standard; reliable and competent

2 - Needs Improvement: Work is below standard but improving; needs support

1 - Unsatisfactory: Work is inadequate; fails to meet required standards

N/A: Not applicable or not observed

Employees may only select one (1) rating per criteria.

Job Performance & Results

Criteria	5 - Exceeds Expectations	4 - Above Expectations	3 - Meets Expectations	2 - Needs Improvement	1 - Unsatisfactory	N/A
Dependability: Fulfills responsibilities and commitments; can be relied upon to carry out assignments and meeting deadlines. Punctual and regular attendance at work.	☐	☐	☐	☐	☐	☐
Job Knowledge: Understands job objectives, duties, and responsibilities. Demonstrates technical knowledge, job understanding, and problem-solving skills.	☐	☐	☐	☐	☐	☐
Safety & Security: Follows all safety rules and completes work in a secure and safe way.	☐	☐	☐	☐	☐	☐
Please provide feedback on the above ratings. (Required)						
Total Score for Job Performance & Results:					/ 15	

Professional Skills & Initiative

[illegible]

Adaptability & Agility: Demonstrates ability to adjust to changing job requirements; is open to new approaches; seeks or is willing to take on new responsibilities	☐	☐	☐	☐	☐	☐
Professional Development: Attends workshops, seminars, and related programs that provide career/professional development, enrolls in formal degree/certificate programs, presents at conferences, and/or provides training to others	☐	☐	☐	☐	☐	☐
Please provide feedback on the above ratings. <i>(Required)</i>						
Total Score for Professional Skills & Initiative:					/ 35	

Collaboration & Workplace Conduct

Criteria	5 - Exceeds Expectations	4 - Above Expectations	3 - Meets Expectations	2 - Needs Improvement	1 - Unsatisfactory	N/A
Communication: Clear, concise, and courteous verbal and written communications, presentation skills, and listening skills. Responds in a timely manner.	☐	☐	☐	☐	☐	☐
Teamwork: Coordinates and cooperates with others in developing and executing plans.	☐	☐	☐	☐	☐	☐
Conflict Resolution: Takes initiatives to address situations involving conflict and appropriately resolves differences with little disruption.	☐	☐	☐	☐	☐	☐
Civility: Maintains positive internal and external working relationships and demonstrates respect towards coworkers.	☐	☐	☐	☐	☐	☐
Please provide feedback on the above ratings. <i>(Required)</i>						
Total Score for Collaboration & Workplace Conduct:					/ 20	

Total Performance Rating

Criteria Totals <i>Please add the totals for each criteria and rating category.</i>		Exceeds Expectations	Above Expectations	Meets Expectations	Needs Improvement	Unsatisfactory	N/A
Job Performance & Results							
Professional Skills & Initiative							
Collaboration & Workplace Conduct							
Total Score for All Criteria:						/ 70	
Please identify strong areas/what is going well.							
Please identify areas for improvement or focus.							
Please indicate any desired training or professional development that will contribute to your performance.							

Section 5: Signatures

All signatures below are required.

Direct Supervisor Name	Direct Supervisor Signature <i>My signature indicates that my direct report has shared their self evaluation with me; it does not necessarily imply that I agree with the evaluation.</i>	Date
Department Head Name	Department Head Signature	Date
Vice President Name	Vice President Signature	Date
Human Resources Name	Human Resources Signature	Date
Employee Name	Employee Signature	Date