



PORTLAND STATE UNIVERSITY
UNCLASSIFIED STAFF SELF-EVALUATION (5/08)

INSTRUCTIONS: Supervisor, please complete the shaded portion of the form (print or type). Give to your employee with sufficient time to complete it prior to the time you have scheduled to meet for the performance review and discussion. If your employee has indicated he/she wants the form to be attached to the evaluation, please do so prior to forwarding to Human Resources. Otherwise, retain for your supervisory file.

Employee Name:		Job Title:	
Employee ID #:	Position Number: D	Department:	
Evaluation Period	From (date):	To (date):	
Supervisor Name:	Supervisor Extension:	Supervisor Title:	
TO THE EMPLOYEE: You are invited to complete this form as part of the evaluation process. COMPLETION OF THE FORM IS OPTIONAL. Should you wish to complete the form as a means of opening dialogue in the evaluation process, please return to me by _____ so that we can discuss this together at our meeting.			
Do you want this form to be attached to your Performance Evaluation and forwarded to Human Resources for your official university personnel file? <input type="checkbox"/> yes <input type="checkbox"/> no			
Specific Achievements – describe your activities, projects, initiatives, or other job performance which you feel were particularly successful:			

What do you feel are your job-related strengths?:

In what areas of your job performance would you like to improve? Were there any situations that did not go well during the evaluation period? Please be specific (including dates if applicable):

What are your performance goals for the next evaluation period?:

What are your training and development suggestions/requests?:

Is the supervision you receive enough, too much, or would you like more? In what areas do you feel you need added support, structure, and/or direction?

Is there anything else that would help you to enhance your job performance?

What is your overall message for the past evaluation period?:

Employee Signature

Date