**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.

**Professional Staff**

**Performance Evaluation Self-Assessment Form**

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

1. **Goals from current review:**

|  |  |
| --- | --- |
| **Individual Performance Goals** | **Result and Comments:** |
| 1. | **Met Not Met** (explain) |
| 2. | **Met Not Met** (explain) |
| 3. | **Met Not Met** (explain) |

1. **Performance Highlights:** List your top accomplishments and contributions, and any factors that helped or hindered your achievements.

1. **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.
2. **Goals:** Please indicate your preliminary goals (in your current position) for the upcoming performance review period.

|  |  |
| --- | --- |
| **Goals** | **Performance Indicator (Metric)** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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