**COMPANY NAME
EMPLOYEE SELF-EVALUATION**

*Answer the following questions by checking the appropriate box to the right. After you have finished each question, total the number of checked boxes in each column in the bottom row.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| 1. I feel that I have adequate equipment and training to perform my job.
 |  |  |  |  |  |
| 1. I feel that my work environment is positive and helpful.
 |  |  |  |  |  |
| 1. I know what my goals and responsibilities are on a daily/weekly basis.
 |  |  |  |  |  |
| 1. I feel comfortable with the amount of work which is required of me.
 |  |  |  |  |  |
| 1. I am generally satisfied with my job.
 |  |  |  |  |  |
| 1. I feel that I am producing high quality work.
 |  |  |  |  |  |
| 1. I complete my work in a timely manner.
 |  |  |  |  |  |
| 1. I am focused throughout the day on successfully reaching my goals.
 |  |  |  |  |  |
|  | **Totals** |  |  |  |  |  |

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| --- |
| **Comments:** |

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Employee Signature Supervisor Signature