

**SELF-EVALUATION
COAST COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION**

Employee Name:	Evaluation Period From: _____ To: _____
Employee ID:	Location:
Position Title:	Supervisor:
Evaluation Type: 3 month _____ 5 month _____ Annual _____ Interim _____	

The Self-Evaluation is an opportunity for you to reflect on your performance, accomplishments, and goals from the above referenced evaluation period. The Self-Evaluation is optional; however, should you elect to complete this form, your manager will review and take it into account while preparing your evaluation.

Technical/Professional Knowledge

Describe how you have demonstrated your technical and professional knowledge in your position.

Professionalism, Collaboration, and Teamwork

Describe how you have developed positive working relationships; objectively considered others' ideas; provided quality customer service; accepted constructive feedback; and have shown adaptability in your position.

Equity and Inclusiveness

Describe how you have demonstrated a respect for and promotion of an inclusive work environment.

Initiative

Describe how you have demonstrated initiative in your work assignment by seeing when something needs to be done and doing it; offering suggestions to improve work processes and the environment; contributing to the overall goals of the department/division; and demonstrating commitment to self-improvement.

Open Narrative

This section should include any additional information related to your performance, professional development, and goals that you want your manager to consider while preparing your evaluation.

Employee Signature:**Date:**