

	PREVENT AND PROTECT W.L.L.	Doc. No.:	HRD-F017C
	HUMAN RESOURCE DEPARTMENT	Revision:	1
	<b>SELF ASSESMENT FORM</b>	Date:	07-04-2024

Name:		Review Period	From:		To:	
Designation:		Employee No.:				
Department:		Joining Date:				

### INSTRUCTION

Assess your job performance over the past [enter no. of years working] and provide answers to the following questions. Kindly return the evaluation to the HR Department no later than [required date].

### RATING

5	<i>Strongly Agree</i>	4	<i>Agree</i>	3	<i>Neither Agree nor Disagree</i>	2	<i>Disagree</i>	1	<i>Strongly Disagree</i>
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### SELF REFLECTION

### RATING

1	My workload is manageable, allowing me to maintain a healthy work-life balance.	
2	I effectively communicate with my colleagues and superiors.	
3	I demonstrate adaptability and flexibility in handling changes or challenges in the workplace.	
4	I actively seek opportunities for learning and professional development.	
5	I adhere to company policies, procedures, and conducts consistently.	
6	I demonstrate leadership qualities or take initiative when necessary.	
7	I collaborate well with team members and contribute to a positive work environment.	
8	I effectively prioritize tasks and manage my time to meet deadlines.	
9	I demonstrate problem-solving skills and find solutions to challenges independently.	
10	I actively participate in meetings, discussions, or projects relevant to my role.	
11	I demonstrate a commitment to continuous improvement and innovation in my work.	
12	I effectively handle conflicts or disagreements with professionalism and maturity.	
13	I maintain a high level of accuracy and attention to detail in my work.	
14	I demonstrate proficiency in relevant technical skills or tools required for my role.	
15	I actively contribute ideas and suggestions for improving processes or workflows.	

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 <b>PRETECT</b> Value Through Performance	PREVENT AND PROTECT W.L.L.	<i>Doc. No.:</i>	<i>HRD-F017C</i>
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<b>AREAS FOR IMPROVEMENT</b>	
<b>A.</b>	Are there any resources that would help you improve your performance?
<b>B.</b>	Are there parts of your job that you wish you could do less or more of?
<b>C.</b>	What skills could you develop through education, training, or mentorship?
<b>D.</b>	What do you consider the most significant accomplishments you have made during this review period?
<b>E.</b>	List two goals for the next review period. How can we help support you in accomplishing these goals?
<b>F.</b>	Please share any additional comments/feedback.

<b>EMPLOYEE SIGNATURE</b>	
By signing below, you confirm that the information provided in this self-assessment is accurate and truthful.	
Signature over printed name	Date of Completion