

WEST CARROLL HEALTH SYSTEMS

706 Ross Street ~ Oak Grove, LA 71263 ~ Telephone (318) 428-3237

EMPLOYEE'S SELF-APPRAISAL FORM

ATTENTION DEPARTMENT HEADS: This should be filled out and turned in to you before the Job Performance Appraisal.

Employee Name:		Department:
Date:	Title:	
1. Which aspects of your job do you like best?		
2. Which aspects of your job would you like to modify?		
3. How has your workload changed during this appraisal period?		
4. What major projects were you involved in during this appraisal period?		
5. What were your most successful accomplishments during this appraisal period, and what/who helped you achieve them?		

6. What goals were not accomplished during this appraisal period, and what would have helped you achieve them?

7. In what areas of your job have you had training this year, and what areas do you feel you need more experience and/or training?

8. To improve effectiveness in your job, what changes would be necessary?

9. What are your job-related goals for the next year?

10. How can your department head help you in meeting these goals?

11. What suggestions can you offer to make West Carroll Health Systems a better place to work?

Employee's Signature:

Date: