**APPE****NDIX H**

**Classified Employee Self-Evaluation Form**

|  |
| --- |
| **Please check either**:  Probationary Evaluation  3 months  6 months  Campus Police Officer  4 months  8 months  12 months  **or one of the following**:  Permanent Evaluation  Re-evaluation ( 1st  2nd)  Special Evaluation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Employee Name |  | Colleague ID# |  | Department |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Evaluation Period (From/To) |  | Position |

|  |  |
| --- | --- |
| **PERFORMANCE NARRATIVE** | |
| Accomplishments / successes during current evaluation cycle. |  |
| Challenges experienced during current evaluation cycle. |  |
| Professional goals to achieve during the next evaluation cycle. |  |
| Ways in which the district can assist employee in achieving goals during next evaluation cycle. |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Signature** |  | **Date** |
|  |  |  |
| **Supervisor Signature** |  | **Date** |

|  |
| --- |
| **A copy of the self-evaluation will be attached to the Employee Evaluation and placed in the employee’s personnel file.** |