**APPE****NDIX H**

**Classified Employee Self-Evaluation Form**

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

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

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

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| **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. |  |

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

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