



PERFORMANCE EVALUATION QUESTIONNAIRE

Employee Name: _____

Evaluation Date: _____

Instructions: Please print a hard copy of your responses and return to your supervisor 48 hours prior to your scheduled evaluation.

1. What professional work accomplishment during the past year are you proudest of?

2. What aspect of your job do you need to improve?

3. Is the training you are being offered adequate to be successful in your current position? *If not, what specific trainings do you need to be successful?*

4. What has been the most difficult work issue you have had to deal with this year?

5. From your perspective are you working well or very well with (explain on each):
 - A. Your immediate coworkers (those in your unit.)

 - B. Your direct supervisor.

 - C. The department as a whole.

