## Chaffey College

## **Classified Employee Self-Evaluation Form**

Please check either: ☐ Probationary Evaluation □ 4 months □ 8 months □ 12 months or one of the following: □ Permanent Evaluation ☐ Re-evaluation (☐1<sup>st</sup> ☐2<sup>nd</sup>) □ 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.