



**Santa Monica Community College District
Office of Human Resources**

**SELF EVALUATION FORM
for
ADMINISTRATORS, MANAGERS & SUPERVISORS**

NAME: _____ POSITION/TITLE: _____

EVALUATION PERIOD: _____ EVALUATION DATE: _____

PART I - EVALUATION NARRATIVE

Please provide a brief written narrative on each of the following items and attach additional pages as needed.

A. Accomplishments based upon employee's areas of responsibility.

B. Accomplishments based on established employee objectives.

C. Issues impacting performance outcome.

- D. General Comments, including, but not limited to, assessment of supervision of personnel, programs and other areas of responsibilities, fiscal resources and style of management.

PART II - OBJECTIVES FOR NEXT PERFORMANCE PERIOD

Please list all objectives for the next review period:

Employee' Signature

Date

Reviewer's Signature

Date

cc: Employee
Supervisor
Personnel File