

Sample Performance Review--Self-Evaluation Form

Name: _____ Date: _____

Position Title: _____

Hire/Start Date: _____

1. Position Description

a. What are your main job responsibilities?

b. What job responsibilities do you view as most important? Why?

c. Have there been any special circumstances that have helped or hindered you in doing your job this past year?

If yes, how did they affect your work, and what were the circumstances?

This sample document was adapted from a document by Priority Care Pediatrics, LLC. It is provided only as a reference for practices developing their own materials and may be adapted to local needs. This document does not represent official American Academy of Pediatrics (AAP) policy or guidelines and the AAP is not responsible for its use. You should consult an attorney who is knowledgeable about the laws of the jurisdiction in which you practice before creating or using any legal documents.

Sample Performance Review--Self-Evaluation Form

2. Areas for Future Improvement

a. What are some of the positive things you would like to improve or change within your department/area/team as a whole?

b. What would help you to do a better job?

c. What are your goals for next year and what action will you take to accomplish your goals?

d. Suggest actions you would like your supervisor to take to help you accomplish your goals.

This sample document was adapted from a document by Priority Care Pediatrics, LLC. It is provided only as a reference for practices developing their own materials and may be adapted to local needs. This document does not represent official American Academy of Pediatrics (AAP) policy or guidelines and the AAP is not responsible for its use. You should consult an attorney who is knowledgeable about the laws of the jurisdiction in which you practice before creating or using any legal documents.

Sample Performance Review--Self-Evaluation Form

e. In what areas do you feel additional education, training, or development would be beneficial to you or your department/area/team as a whole?

3. Building Relationships

a. What could improve your communication with your manager to help you do a better job?

b. How could communication with others in the department help you do a better job?

c. What could you do to make this department a better place in which to work?

Employee Signature: _____

This sample document was adapted from a document by Priority Care Pediatrics, LLC. It is provided only as a reference for practices developing their own materials and may be adapted to local needs. This document does not represent official American Academy of Pediatrics (AAP) policy or guidelines and the AAP is not responsible for its use. You should consult an attorney who is knowledgeable about the laws of the jurisdiction in which you practice before creating or using any legal documents.