**SELF-EVALUATION**

Please answer the following questions by ticking the appropriate box. It’s important that you question yourself, assess your performance and give honest responses. When you have finished answering all the questions, total the number of checked boxes in each column. Multiply the total of each column by the severity factor for that category. Add together the total of each column. This is your evaluation score. The higher the score, the better your understanding is of our company, its structure and your role in it. Please remember this questionnaire is strictly confidential, and no one will judge you based on the information it contains.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTIONS** | **Below Average**  | **Adequate** | **Above****Average**  | **Superior** |
| **X 1** | **X 2** | **X 3** | **X 4** |
| I know the responsibilities of my job. |  |  |  |  |
| I know who is my supervisor and what he/she is responsible for. |  |  |  |  |
| I feel my workload is too heavy. |  |  |  |  |
| I feel I can discuss any problems with my superior. |  |  |  |  |
| I know what my benefits are. |  |  |  |  |
| I feel that I am a part of a productive work team. |  |  |  |  |
| I always know what my daily and weekly goals are. |  |  |  |  |
| I know the long-term goals of the company. |  |  |  |  |
| I know the organisational structure of the company. |  |  |  |  |
| I feel that I have had sufficient training to perform my job. |  |  |  |  |
| Total the number of responses in each column |  |  |  |  |
| Multiply answers by each column’s severity factor |  |  |  |  |
| **TOTAL** |  |

OPTIONAL: You can have your supervisor review and sign this form if you think it can be useful.

Your name:

Supervisor’s Signature:

Department: Date: