

**City of Vergas  
Self-Assessment Form**

**Name:** \_\_\_\_\_

**Performance Review Period:** 2021

*To obtain the maximum benefit from your performance review, please complete and forward this form 1-2 days prior to your scheduled evaluation.*

1. Over the past performance period, what is your most outstanding accomplishment and why?
  
  
  
  
  
  
  
  
  
  
2. Which duties do you do best?
  
  
  
  
  
  
  
  
  
  
3. In which area(s) did you most improve? What contributed to this?
  
  
  
  
  
  
  
  
  
  
4. Over the past performance period, how could you have performed better? What affected this?
  
  
  
  
  
  
  
  
  
  
5. What would you like to accomplish in the next 6-12 months for your own development?

**Goals you have for yourself and the department for the next year?**