Self-Evaluation Questionnaire

## General Instructions

This questionnaire invites you to reflect on your activity during the evaluation period. Its purpose is to highlight achievements, challenges, contributions, and development needs. Your answers will serve as the foundation for constructive discussions and action plans.

## Section 1: Open-ended questions

(1) What do you consider your most important achievements during this period?

(2) Which objectives were not met, and what obstacles did you encounter?

(3) What was your greatest professional challenge, and how did you manage it?

(4) What skills or competencies do you feel you have developed during this period?

(5) In which areas do you believe you need support or professional development?

(6) How does your performance compare to the expectations set at the beginning of the period?

(7) Have you proposed or implemented any improvements in your work or your team’s work? If so, describe the impact.

(8) How would you describe your collaboration with your direct manager?

(9) What goals would you set for yourself for the next period?

(10) What would motivate you to stay and grow within the company?

## Section 2: Scale rating (1–5)

**Instructions:** For each statement, check the score that best reflects your perception.

**1** = Not at all true **| 5** = Completely true

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | I clearly understood the objectives of my role | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | I fulfilled my responsibilities on time and accurately | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | I collaborated effectively with my team members | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | I contributed to the goals of the team/department | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | I feel motivated and engaged in my work | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | I feel that my performance has been recognized | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | I feel supported by my direct manager | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | I would like to grow within the organization | ☐ | ☐ | ☐ | ☐ | ☐ |

## Final section (optional)

Additional comments: Is there anything you’d like to add that wasn’t covered in the questions above?

Evaluation period:
Employee name:
Department:
Role: