**6 Month / 12 Month Team Member Self Evaluation**

**Name: Job Title:**

**Appraisal Period:**

1. List your most significant accomplishments or contributions since last year. How do these achievements align with your understanding of what is expected?
2. Specific to the duties and tasks of your job responsibility, what do you feel is your greatest strength and what do you enjoy the most? In other words, if you had to choose one part of your job to do all day every day, what would it be?
3. Describe areas you feel require improvement in terms of your professional capabilities. What do you feel it will/would take to increase the level of improvement?
4. What tasks/duties or other aspect of your position is your greatest struggle or challenge?
5. How well do you feel the Fauquier Chamber of Commerce leverages your strengths (check one)?

* To the utmost potential
* Fairly well
* Sometimes but not always
* Not well at all

If you chose “sometimes but not always” or “not well at all,” please explain your answer.

1. How can the Fauquier Chamber of Commerce provide a better environment for you to decide how you do your work and perform to the best of your abilities (resources, management, tools, etc.)?
2. How would you rate your overall job performance in the last 6 months? Please explain your answer.

* Excellent
* Acceptable
* Needs Improvement
* Poor

1. How would you rate your overall satisfaction with your role at the Fauquier Chamber of Commerce? Please explain your answer.

* Extremely Satisfied
* Somewhat Satisfied
* Somewhat Dissatisfied
* Dissatisfied

1. What is the one thing about how the Chamber functions that you would change knowing that doing so will make the Chamber a better place to work?

#### Verification of Comments

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| By signing this form, you confirm that you have discussed these answers in detail with your supervisor. | | | |
| **Employee Signature** |  | **Date** |  |