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

**Name: Job Title:**

**Appraisal Period:**

1. List the team member’s most significant accomplishments or contributions since last year. How do feel these achievements align with their understanding of what is expected?
2. Specific to the duties and tasks of the job responsibility, what do you feel is the team member’s greatest strength and what do they enjoy the most?
3. Describe areas you feel require improvement in terms of the team member’s professional capabilities. What do you feel it will/would take to increase the level of improvement?
4. What tasks/duties or other aspect of their position do you feel is their greatest struggle or challenge?
5. How well do you feel the Fauquier Chamber of Commerce leverages the team member’s 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 work environment that allows the team member to perform to the best of their abilities (resources, management, tools, etc.)?
2. How would you rate their 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 their 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. |
| **Supervisor’s Signature** |  | **Date** |  |