



Team Member Self Evaluation Form

TEAM MEMBER NAME	LOCATION / PROPERTY	DATE
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WHAT DO YOU ENJOY MOST ABOUT THE WORK YOU DO?

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WHAT CHALLENGES HAVE YOU FACED IN YOUR ROLE?

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WHAT ARE SOME PROFESSIONAL GOALS YOU HAVE FOR YOURSELF?

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WHAT ADDITIONAL TRAINING, TOOLS, AND RESOURCES DO YOU NEED TO BE SUCCESSFUL?

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TEAM MEMBER COMMENTS:

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Team Member's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____