

INCA COMMUNITY SERVICES SELF-APPRAISAL and PLAN OF ACTION

INSTRUCTIONS: Please complete and return to your supervisor prior to your formal performance review. This form will be discussed in your review session. If you have any questions regarding the completion of this form, please see your supervisor or Human Resource Director.

ACCOMPLISHMENTS: Please list and comment on your successes and accomplishments over the past review period. Include those that you believe are most significant, and why:

CHALLENGES: Please list and comment on those areas where you believe you need the most improvement. What major challenges or obstacles did you face during the past performance period? You do not need to comment on specific negative incidence since the past review period.

GOALS and PLAN: *This is to be reviewed and completed by the employee and supervisor together.* Set at least one long and short term goal. Pick at least two or three focus areas. These vary upon your job position. A separate sheet of paper may be attached. *(Head Start program has specific implementation plan - see www.incaa.org)*

LONG TERM GOAL

What will I do?

What training or resources will be needed?

What will be the expected results?

When will it be completed?

Short Term Goals

What will I do?

What training or resources will be needed?

What will be the expected results?

When will it be completed?

