**MPP/Confidential Self-Assessment**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Title:** |  |
| **Evaluation Period:** | Select FY Review Period |

**SECTION A** (for MPP): Describe the effectiveness of your leadership and management responsibilities throughout the period being reviewed. Provide specific, quantitative evidence whenever possible.

Confirm if performance evaluations for your direct reports have been completed:  Yes  No  N/A – No Direct Report

Confirm if position descriptions for your direct reports have been reviewed and are up to date:  Yes  No  N/A

**SECTION B**: State each of your established goals for the prior review period. If the goal/objective has not been achieved, indicate the reason. List the goals numerically and address each of the following:

* What strategies were employed to achieve the goal?
* What do you use to measure whether the goal was accomplished? Please provide supporting data.
* Was the goal(s) achieved and if yes, was it on time?
* If the goal was not achieved, please explain why.

State assignments or achievements completed throughout the period being reviewed. Provide specific, quantitative evidence whenever possible.

1. Goal:

**SECTION C** (Optional for Confidential): Describe your involvement with organizations or activities for the campus community. Explain the extent of involvement and your effectiveness.

**SECTION D**: List each of your proposed goals for the next fiscal year. Provide specific, quantitative goal statements whenever possible. Please number your goals and for each goal, please address the following:

* Strategies to achieve your goal(s).
* Measurement/benchmarks that will demonstrate the goal was accomplished.
* Specific timeline for completing the goal.
* Expected or anticipated outcome of the goal. This should include how the goal furthers your department and/or division mission/goals.

1. Goal: