



Associate Self-Evaluation/ Development Plan

Date: _____ Date of Last Review: _____

Type of Review: (circle one) Annual Quarterly Monthly Peer (360 Degree Review)

Associate Name: _____

Title & Position: _____

Branch Location: _____

Step 1: Self Evaluation (to be completed by associate)

What are your goals for the next 3 months? _____

What are your long-term career goals? _____

What skills do you wish to develop? _____

What talents would you like to utilize more? _____

In which area(s) would you prefer to gain more experience? _____

What opportunities or resources do you need to accomplish your goal(s)? _____

Insight and Input _____

Please rate yourself on the following scale: **5-confident 4-strong 3-average 2-growing 1-need help**

Leadership Specific:

Teamwork _____

Initiative _____

Service Delivery _____

Customer/Member Focus _____

Communication _____

Listening _____

Motivation of Colleagues _____

Total: _____

Position Specific:

Product Knowledge _____

Operations Knowledge _____

Adaptations to Change _____

Results Oriented _____

Business Development _____

Referrals _____

Ability to Cross Sell _____

Total: _____

List successes achieved since last coaching session:

- 1. _____
- 2. _____
- 3. _____

Step 2: Development Plan (to be completed jointly with associate and supervisor)

Development Goal #1	Target Date
1. _____	_____
2. _____	_____
3. _____	_____

Development Goal #2	Target Date
1. _____	_____
2. _____	_____
3. _____	_____

Development Goal #3	Target Date
1. _____	_____
2. _____	_____
3. _____	_____

Step 3: Comments

Supervisor Comments _____

Associate Comments _____

Associate Signature _____

Supervisor Signature _____

Scheduled Follow-Up Date: _____