

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH  
FACULTY AND STAFF ANNUAL SELF EVALUATION

NAME: \_\_\_\_\_ EVALUATION PERIOD: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

The following information is requested to help prepare for your performance evaluation. Please respond based on your job experience during the evaluation period listed above and return the completed form to your supervisor on or before the due date.

List Previous Year's Goals and Evaluate Achievement of Each Goal:

Goals for Next Rating Period:

What Support/Resources Do You Need To Meet Your Goals?

Other Accomplishments:

Professional Development Courses Attended:

Date Attended	Class/Course	Application to Assignment

Describe Your Contributions to the College Strategic Plan, College/Divisional Goals, Committee Work, and/or Student Learning Outcomes (see Team Services/CONAH/Public):

Strengths:

Plans for Professional Growth:

Long-Term Career Goals: