SELF ASSESSMENT



| Crew member name: | | |
|--|---|-------|
| Position Title: | | |
| Department: | | |
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| Complete this form in preparation for your Performance Assessment. | | |
| Describe your overall performance. Provide supporting details. | | |
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| Describe areas that you would like to focus on for your professional growth. | | |
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| Crew's Signature: | | Date: |
| Manager's Signature | | Date: |
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