

Employee Skills Self-Assessment Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

Use these exact options when adapting the questionnaire; replace placeholders with real details. All seven are optional.

1. Which job task or skill are you reflecting on?

2. How often have you practiced it in the past month?

- ☐ Daily
- ☐ Weekly
- ☐ Once or twice
- ☐ Not recently
- ☐ Not yet in this role

3. How confident do you feel doing it independently?

- ☐ Very
- ☐ Somewhat
- ☐ Unsure
- ☐ Not very
- ☐ Not at all

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4. What recent example shows how you used the skill?

5. Which part would you like more practice with?

- ☐ Planning
- ☐ Execution
- ☐ Troubleshooting
- ☐ Communication
- ☐ Review
- ☐ Not sure
- ☐ Other

6. What kind of support would help most?

- ☐ Coaching
- ☐ Example or guide
- ☐ Practice time
- ☐ Peer feedback
- ☐ Tools
- ☐ None currently

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7. What small next step will you try?
