



MAP
Mutual Action Plan

Self-Evaluation Form

Name _____

Mapping Session _____

Date _____

Time _____

1 Things Done Well

DESCRIBE SPECIFIC EXAMPLES OF YOUR BEST WORK, YOUR...

- Achievements
- Positive contributions to the City
- Successes

Give specific facts.

2 Things To Do Even Better

DESCRIBE ANYTHING YOU WOULD LIKE TO:

- Improve
- Change or Learn

SO THAT YOU CAN MAKE AN EVEN MORE VALUABLE CONTRIBUTION TO THE CITY

3 Select One Thing

1. Pick one thing from #2 above that you want to work on. Pick a priority.
2. Describe the present situation. Don't write a goal here, just describe what's happening now.

What is happening now?
(Give Facts: Who, Where, When?)

Why does this concern you?
How does it affect others?

4 Employee's Action Plan

DESCRIBE WHAT YOU WILL DO TO ACHIEVE THE DESIRED CHANGE, IMPROVEMENT, OR LEARNING.

1. WHAT will you do? (or your goal)
2. HOW will you do it? List any steps you'll take or any methods or procedures you'll follow to achieve your goal.
3. Describe the way the situation will be if your action plan is successful (standards to meet).
4. WHEN will you do these things? (dates, times, dead lines)

Be specific and realistic.

5 Supervisor's Action Plan

SUGGEST ANY ACTIONS YOU'D LIKE YOUR SUPERVISOR TO TAKE THAT WOULD HELP YOU ACHIEVE YOUR ACTION PLAN.

WHEN SHOULD HE/SHE DO THESE THINGS?

TOGETHER, YOU'LL SET A DATE FOR THE NEXT MAPPING SESSION, AND SIGN THE MAP FORM.



MAP

Mutual Action Plan

Name _____ Date _____

Position _____

Appraisal:

Annual

Other

1 Things Done Well

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Achievements

Positive contributions to the City

Successes

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DESCRIBE ANYTHING YOU WOULD LIKE TO:

Improve

Change or Learn

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Next Mapping Session

January
February
March
April
May
June
July
August
September
October
November
December

Sign: _____
Employee
Supervisor
Date