

# Observer Personal Evaluation

NAME: \_\_\_\_\_

OVERSEER: \_\_\_\_\_

**WHAT WOULD YOU LIKE TO ACCOMPLISH DURING YOUR TIME HERE?**

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**WHAT IS YOUR SPECIAL AREA OF INTEREST?**

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**STRENGTHS AND SKILLS?**

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**WEAKNESSES, AREAS IN NEED OF DEVELOPMENT OR HEALING?**

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**ACTION PLAN FOR IMPROVEMENT?**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date