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Capacity Building  
Solutions



## Performance Assessment

**Instructions:** Please take some time to reflect on your goals and performance over the past year and plan for the year ahead. This assessment tool is designed to help you set clear and achievable goals, evaluate your progress, and outline a step-by-step plan for success.

**Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department (optional):** \_\_\_\_\_

**Role/Function (optional):** \_\_\_\_\_

**Phone (optional):** \_\_\_\_\_

### ➤ Part 1: Personal Reflection and Current Status ◀

#### ● Personal Legacy and Impact

1. What do you want your personal legacy to be?

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2. What do you want your professional legacy to be?

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3. How far are you from this reality?

- Personal Legacy
- Professional Legacy

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### ● One Word Exercise:

1. One word that describes me today: \_\_\_\_\_

2. How do I want to be described?

- As a Leader: \_\_\_\_\_
- As a Businessperson: \_\_\_\_\_
- As a Boss/Manager: \_\_\_\_\_
- As a Philanthropist: \_\_\_\_\_
- As a Spouse: \_\_\_\_\_
- As a Parent: \_\_\_\_\_
- As a Sibling: \_\_\_\_\_
- As a Son/Daughter: \_\_\_\_\_
- As a Friend: \_\_\_\_\_

### ● Personal Reflection Questions:

1. What are you most passionate about doing right now?

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2. What are you doing that no longer fulfills you?

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3. What are you most proud of having accomplished up to now?

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4. Who is the “you” you were meant to be? How close is your reality to this definition?

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5. What is your life’s purpose?

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6. What contributes/what doesn’t contribute to you being the person you’d like to be?

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7. What are you doing just for you?

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8. How would you like to learn/grow as a person?

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## ● Life Areas Rating (1-10) :

**1 = Far from where I’d like to be, 10 = I am fully on track with where I’d like to be.**

- Work:\_\_\_\_\_
- Money:\_\_\_\_\_
- Family:\_\_\_\_\_
- Personal Growth:\_\_\_\_\_
- Health:\_\_\_\_\_
- Community Involvement:\_\_\_\_\_
- Friendships/Social Life:\_\_\_\_\_
- Spiritual:\_\_\_\_\_



## ● Personal Data :

Frequency of Date Night with Spouse/Significant Other (please circle):	
Weekly Bi-Weekly Monthly Quarterly Rarey Never	N/A
How many hours do you estimate you work each week?	_____
Are you satisfied with this time allocation?	Yes/No
Satisfied with regular diet:	Yes/No
Exercise at least three times a week:	Yes/No
Current health rating (1-10):	_____
Last physical: _____ months ago.	
Current weight: _____ Goal weight: _____ .	
Last vacation: _____ How long: _____ .	
Next vacation: _____ How long: _____ .	
Are you on track for retirement financially?	Yes/No
Do you have a Will and other estate plans?	Yes/No



## Part 2: Business Performance Review

### ● 20XX Business GPA Rankings (Letter Grades):

- Growing Revenue from New Customers: \_\_\_\_\_
- Maximizing Revenue from Existing Customers: \_\_\_\_\_
- Managing Operations Effectively: \_\_\_\_\_
- Creating a Work Environment that Attracts and Retains Talent: \_\_\_\_\_
- Consistently Meeting or Exceeding Customer Expectations: \_\_\_\_\_
- Creating a Culture of Innovation: \_\_\_\_\_
- Proactively Manage Business Risk: \_\_\_\_\_

### ● High-Level Business Results:

- CY = Current Year
- PY = Plan Year

#### Sales/Revenues

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_

#### Of Employees:

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_

#### Sales per Employee:

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_

**Cost of Goods Sold/Cost of Sales %:**

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_

**Gross Profit %:**

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_

**Pre-tax Profits:**

- CY Plan: \_\_\_\_\_
- CY Actual: \_\_\_\_\_
- CY Variance: \_\_\_\_\_
- PY Plan: \_\_\_\_\_





## ● Key Performance Indicators (KPIs):

KPI	CY__ Target	CY__ Actual	Variance	PY Plan

## ● Business Reflection Questions :

1. What do you feel were your most significant accomplishments in this past year?

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2. What do you feel were your company's most significant accomplishments in this past year?

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3. What do you feel were your most significant disappointments in this past year?

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4. What do you feel were your company's most significant disappointments in this past year?

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## Part 3: Goal Setting for Planning Year



### ● SMART Goals Framework:

#### ► Goal #1

Goal Statement: \_\_\_\_\_

Connection to Strategy: \_\_\_\_\_

Measures: \_\_\_\_\_

Resources Required: \_\_\_\_\_

Step-by-Step Plan: \_\_\_\_\_

- Main steps: \_\_\_\_\_
- Immediate next steps: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Level of Difficulty (1-10): \_\_\_\_\_

Resources Required: \_\_\_\_\_

Support/Help Needed: \_\_\_\_\_

- Who: \_\_\_\_\_
- How Specifically: \_\_\_\_\_

What Do I Need to Learn to Achieve This Goal? \_\_\_\_\_

\_\_\_\_\_

#### ► Goal #2

Goal Statement: \_\_\_\_\_

Connection to Strategy: \_\_\_\_\_

Measures: \_\_\_\_\_

Resources Required: \_\_\_\_\_



Step-by-Step Plan: \_\_\_\_\_

- Main steps: \_\_\_\_\_
- Immediate next steps: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Level of Difficulty (1-10): \_\_\_\_\_

Resources Required: \_\_\_\_\_

Support/Help Needed:

- Who: \_\_\_\_\_
- How Specifically: \_\_\_\_\_

What Do I Need to Learn to Achieve This Goal? \_\_\_\_\_

\_\_\_\_\_

### ► Goal #3:

Goal Statement: \_\_\_\_\_

Connection to Strategy: \_\_\_\_\_

Measures: \_\_\_\_\_

Resources Required: \_\_\_\_\_

Step-by-Step Plan:

- Main steps: \_\_\_\_\_
- Immediate next steps: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Level of Difficulty (1-10): \_\_\_\_\_

Resources Required: \_\_\_\_\_

Support/Help Needed:

- Who: \_\_\_\_\_
- How Specifically: \_\_\_\_\_

What Do I Need to Learn to Achieve This Goal? \_\_\_\_\_

## ► Goal #4

Goal Statement: \_\_\_\_\_

Connection to Strategy: \_\_\_\_\_

Measures: \_\_\_\_\_

Resources Required: \_\_\_\_\_

Step-by-Step Plan:

- Main steps: \_\_\_\_\_
- Immediate next steps: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Level of Difficulty (1-10): \_\_\_\_\_

Resources Required: \_\_\_\_\_

Support/Help Needed:

- Who: \_\_\_\_\_
- How Specifically: \_\_\_\_\_

What Do I Need to Learn to Achieve This Goal? \_\_\_\_\_

\_\_\_\_\_

