



Individual Telecommuting Self-Assessment

This individual self-assessment should be completed every six months.

Employee Name: _____ **Assessment Period: From:** _____ **To:** _____
Department: _____ **Position Title:** _____ **Supervisor Name:** _____

1. How often do you currently communicate with your supervisor?

At least one/day 2-4 times/week About once/week Other

2. How are you benefiting from individual check-ins/one-on-ones with your supervisor and/or team check-ins?

3. What do you like about telecommuting?

4. How well have you done completing your projects and tasks?

5. What do you think has been the most challenging aspect of telecommuting this past six months?

6. What do you think you should do differently the next six months?

7. What additional support do you need from your supervisor/department?

8. Additional comments

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____