Knowledge / Skills and Training Inventory: Self-Assessment

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your ability in the areas below using the following scale:

1 = Not confident at all/ I have little to no experience and need substantial direction/oversight

2 = Somewhat confident/ I have some experience but still need guidance/help

3 = Confident/ I have a good amount experience in this area; I am mostly able to work independently

4 = Very confident doing this task/ I could be a designated resource/trainer of staff in this area

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| **KNOWLEDGE / SKILL** | **SELF RATING** |
| Supervisor/Manager should fill in this component and then give to his/her staff for personal assessment. The goal should be to include a wide variety of functions performed by staff in the unit (both routine and non-routine) |  |
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| **SPB Training Courses for (Insert Classification(s)** |  |
| I have taken CalHR’s Training on (insert training subject) | [ ] YES [ ]  NO |
| I have taken CalHR’s Training on (insert training subject) | [ ] YES [ ]  NO |
| I have taken CalHR’s Training on (insert training subject) | [ ] YES [ ]  NO |

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| **Please list other trainings taken that are relevant to your classification:** |
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