

Self-Assessment Form



Date: _____
(mm/dd/yy)

Last Name: _____ First Name: _____ Designation: _____ Member #: _____

Put a check mark in the appropriate column to indicate your answer to each statement. Choose "N/A" if the statement does not apply to you. Refer to the self-assessment guide for information on how to fill out this form.	Yes	Improvement Needed	N/A
Knowledge			
1. I have a clear understanding of my professional forestry job performance expectations and they are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have documented all the professional development activities I undertook during the last year to maintain my competency in my area(s) of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am keeping up-to-date with legislation and policies which affect my areas of professional forestry practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am keeping up-to-date with my professional obligations under the <i>Foresters Act</i> and Bylaws. This means that I am familiar with the Act, Bylaws, interpretive guides and guidance documents applicable to my professional forestry practice, especially documents related to professional reliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am practising only in those professional forestry fields where training and ability make me professionally competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I acquire appropriate job-related knowledge when it is lacking (E.g. continuing education activities, reading, involvement with discussion groups and committees, consulting with mentors, peers and specialists).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In order to carry out my job responsibilities I have adequate knowledge about aboriginal culture, issues or traditional use; or how to work effectively with aboriginal peoples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness and Correctness			
8. I ensure that my work is scientifically and technically sound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When making significant decisions, I provide a clear analysis of all practical options, considerations and implications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My work, where appropriate, is supported by sufficient rationales so that others can implement recommendations or action plans and meet the objectives and commitments embodied in the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My work is checked for errors or omissions before submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If appropriate, my work is checked for legal requirements before submission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Where my scope of work product or opinion is qualified or limited in some way, I state clearly those qualifications or limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Where my work product requires or implies objectives, I provide specific, measurable and verifiable objectives so results can be evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Care			
15. All my work is appropriately filed and backed up offsite and I will be able to retrieve all work, if needed, in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I keep a professional diary of daily activities and important decisions and a phone log of significant verbal dialogue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have a clear understanding of my client's or employer's objectives and how they relate to other values or interests associated with their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I met the objectives spelled out in my previous Professional Development Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I maintain safe work practices and consider the safety of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When I delegate work to others, I am confident they are qualified, are professionally authorized to carry out the work and their work makes sense to me based on my personal knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not return this form to the association office. Instead, indicate that it has been completed in your Self-Assessment Declaration when renewing your membership.