

Skills Gap Analysis

Employee Details

Employee Name*: _____

Employee ID: _____

Department: _____

Position / Role*: _____

Assessor Name*: _____

Assessment Date*: _____

Skills Evaluation

Skills Evaluation:

Skill	Current Proficiency	Required Proficiency	Gap Identified	Comments

Options for 'Current Proficiency': Beginner, Intermediate, Advanced, Expert, Not Applicable

Options for 'Required Proficiency': Beginner, Intermediate, Advanced, Expert

Action Plan

Action Plan to Close Gaps:

Skill	Action / Training	Target Completion Date	Responsible Person

Sign-Off

Employee Signature*: _____ (Sign above)

Assessor Signature*: _____ (Sign above)