

90- Day Performance Review Form

(Manager to Complete)

Employee Name: _____ Department: _____

Current Date: _____ Date of Employment: _____

Title: _____

Current Evaluation Period: From: _____ To: _____

Current Evaluator Name/Title: _____

Work Performance

Work Performance	1. Unacceptable	2. Fair		
	3. Good	4. Superior		
Client Service Skills	Comments		1	2 3 4
The ability to develop client relationships by making an effort to listen to and understand the client. The ability to anticipate and provide solutions to client needs and give high priority to client satisfaction.				
Team Work Skills	Comments		1	2 3 4
The ability to develop relationships with co-workers and to contribute to group solutions. The effort put forward to making our company a better place to work for everyone.				
Quality of Work	Comments		1	2 3 4
The value of work produced by the employee and the thoroughness, accuracy, neatness, and acceptability of the work completed. Ability to work under pressure and learn from previous mistakes. Accurately checking processes and tasks and handling issues in a timely manner.				
Quantity of Work	Comments		1	2 3 4
The quantity of work produced by the employee and accuracy and acceptability of the work completed. The ability to work at quick rates of speed, under pressure, while producing accurate outcomes.				
Judgment and Decision Making	Comments		1	2 3 4
The ability to think logically and practically before making decisions. Use of independent thought, originality, and reasoning. Ability to prioritize work and timely implementation of workable solutions to problem. The ability to handle confidential information.				

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Work Performance	1. Unacceptable	2. Fair			
	3. Good	4. Superior			
Initiative	Comments	1	2	3	4
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempt non-routine jobs and tasks. Energy, enthusiasm, and ingenuity. The exercise of judgment and independent actions within limits of authority. The degree to which the employee is self starting and proactive.					
Dependability/Punctuality	Comments	1	2	3	4
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy, and timely manner. Overall attendance and adherence to work schedules, office hours.					

Progress

How well has the employee integrated self into current position?

Overall Results of Performance Appraisal

Based upon the attached evaluation, the overall performance rating of this employee is:

- _____ (Rating #) Exceeds Standards: Superior performance in meeting employee objectives.
- _____ (Rating #) Meets Standards: Satisfactory performance in meeting employee objectives.
- _____ (Rating #) Meets Minimum Standards: Minimum performance in meeting employee objectives.
- _____ (Rating #) Below Standards: Unacceptable performance in meeting employee objectives.

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Development

State the agreed upon goals to be accomplished during the next rating period. Include agreed upon actions and time frames to be observed in attaining these goals:

Goals (Improvement/Achievement)	Actions/Objectives	To Be Completed (Mo/Yr)

What steps can employee take to prepare for or enhance opportunities for future advancement? Include actions to be taken by reviewer to assist employee in accomplishing these steps:

Date of next performance review: _____

Signatures:

Reviewer

Date

Employee

Date

Employee Comments: _____

(Employee to complete)

Employee Name: _____ Department: _____

Current Date: _____ Title: _____

Current Evaluator Name/Title: _____

Check appropriate answers and comments to below.

Do you understand the requirements of your job? Yes Partly No

Do you feel your training has been adequate to
Successfully complete your job? Yes Partly No

Do you have regular opportunities to discuss
your work and objectives with your manager? Yes Partly No

Would you like to have more informal meetings
with your manager than you are currently having? Yes Partly No

Do you have any skills, aptitudes, or knowledge not fully utilized in your job? _____
If so, what are they and how could they be used? _____

Is there any special help or “coaching you would like from your manager? _____

How well does your position satisfy your personal/professional goals? _____

What training, career, or future job opportunities are of interest to you? _____

Please summarize your thoughts/feelings about your employment with our company. _____

Additional remarks, notes, questions, or suggestions. _____

Employee’s Signature

Date