90 Day Performance Review

**(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. |  |

|  |  |
| --- | --- |
| **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.

**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?  Do you feel your training has been adequate to | ⁭ Yes | ⁭ Partly | ⁭ No |
| 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