
90 Day Review Form PDF

Employee Information

- Name: _____
- Position: _____
- Department: _____
- Review Period: _____

Performance Evaluation

Check the applicable box:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Quality of Work

- Consistency: _____
- Attention to Detail: _____
- Efficiency: _____
- Comments: _____

Communication Skills

- Clarity: _____
- Effectiveness: _____
- Listening Skills: _____
- Comments: _____

Teamwork and Collaboration

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- Cooperation: _____
 - Flexibility: _____
 - Contribution to Team Goals: _____
 - Comments: _____

Professional Development

- Skills Acquired: _____
- Training Undertaken: _____
- Goals for Next Quarter: _____
- Comments: _____

Overall Performance

- Exceeds Expectations
- Meets Expectations
- Needs Improvement
- Summary: _____

Employee Feedback

- Insights: _____
- Concerns: _____
- Suggestions: _____

Signatures

- Employee: _____ Date: _____
- Manager: _____ Date: _____