**Employee:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Supervisor:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

The 90-day review provides a written record of the employee’s first 90-days of employment or an employee’s first 90- days of a newly assigned position. Supervisors and employees are encouraged to provide thorough, constructive, and supportive feedback.

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| **Employee Evaluation** | |
| **Performance/Onboarding** | **Comments** |
| How would you grade the organization in terms of onboarding, and what suggestions would you make to strengthen it? |  |
| Accomplishments of first 90 days? |  |
| Do you have the information, tools, and resources you need to be successful in your position? |  |
| Do you feel you have a general understanding of your role and what is expected of you? |  |
| Have you received valuable feedback and assistance from your supervisor and coworkers? |  |
| How do you feel about the office culture and how you fit in with the team? |  |
| Are the responsibilities of your role what you expected? Why/why not? |  |
| Do you have the resources and tools you need to perform your job? What resources and tools could help you perform your job better? |  |
| Are there any goals that will be challenging for you to accomplish this month/quarter? |  |
| What areas do you want to improve in order to achieve your goals? |  |
| Do you have any concerns? |  |

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| **Supervisor Evaluation** | |
| **Performance** | **Comments** |
| Is the employee addressing the issues they were hired to address/solve? |  |
| Is the employee progressing? |  |
| Does the employee fit in with the team? |  |
| *Provide yes/no answers below with comments if additional feedback is needed.* | |
| Communication: Communicates effectively with supervisor, coworkers and members of the Salve community. Listens well to instructions. Provides timely status updates as appropriate. Maintains confidentiality and asks appropriate questions when uncertain. |  |
| Flexibility: Accepts new methods and changes. Works well under time constrains and deadlines. Adapts willingly to changing priorities. Modifies schedule to meet work demands. |  |
| Organization: Manages time effectively to plan and complete work. Sets and revises priorities as appropriate (with guidance as necessary from supervisor). |  |
| Judgment: Analyzes and solves problems and makes good decisions. |  |
| Collaboration: Cooperates with co-workers, supervisor, and others. Supports team effort and contributes to departmental goals. |  |
| Dependability: Completes assignments in a timely manner and meets deadlines. Demonstrates effective follow-through on short and long term tasks. |  |
| Quality/Quantity of Work: Produces thorough, accurate, and consistent work. Applies good judgement when completing tasks. Consistently meets workload expectations. |  |

Employee: Additional Feedback Click or tap here to enter text.

Supervisor: Additional Feedback Click or tap here to enter text.

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| I acknowledge that I have had the opportunity to discuss this performance evaluation with my supervisor and I have received a copy of this evaluation.  Employee Signature: Date: |
| Reviewer Signature: Date: |