

90 Day Performance Review

Employee Information
Name:
Title:
Hire Date:

Ratings	Needs Improvement	Meets Expectations	Above Average
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of Strength:

Areas of Concern and Action Taken to Improve Performance:

Goals for the next 90 days:

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____