

## Introductory Performance Review

*This evaluation is to be done immediately upon completion of the 90-day introductory period.*

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

Hire Date \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**Please circle the rating that best describes your observations of the employee named above at this time.**

1.	Understanding of essential job duties and responsibilities	Outstanding	Meets Expectations	Below Expectations
2.	Volume of work performed	Outstanding	Meets Expectations	Below Expectations
3.	Quality of work performed	Outstanding	Meets Expectations	Below Expectations
4.	Ability to follow instructions	Outstanding	Meets Expectations	Below Expectations
5.	Completion of needed job-related training	Outstanding	Meets Expectations	Below Expectations
6.	Demonstration of initiative	Outstanding	Meets Expectations	Below Expectations
7.	Problem solving abilities	Outstanding	Meets Expectations	Below Expectations
8.	Punctuality and attendance	Outstanding	Meets Expectations	Below Expectations
9.	Ability to get along with co-workers and customers	Outstanding	Meets Expectations	Below Expectations
10.	Professional communication skills	Outstanding	Meets Expectations	Below Expectations
11.	Willingness to take and act on constructive feedback	Outstanding	Meets Expectations	Below Expectations
12.	Demonstration of teamwork	Outstanding	Meets Expectations	Below Expectations
13,	Ability to meet deadlines and manage time effectively	Outstanding	Meets Expectations	Below Expectations
14.	Compliance with company policies and procedures	Outstanding	Meets Expectations	Below Expectations

**Strengths:** What do you see as the employee's three greatest strengths?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Goals:** What goals should the employee focus on moving forward, through the next review period?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Training Needs:** What additional training does the employee need to complete during the next review period?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Supervisor Feedback:** What suggestions do you have for the employee as he or she moves out of the introductory period?

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**Employee Comments**

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**Completed by:**

_____ Employee Name (Please Print)	_____ Signature	_____ Date
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_____ Supervisor Name (Please Print)	_____ Signature	_____ Date
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_____ HR Representative (Please Print)	_____ Signature	_____ Date
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