

## 90 Day Evaluation

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
<b>Client Service Skills</b>	<b>Comments</b> 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.	
<b>Team Work Skills</b>	<b>Comments</b> 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.	
<b>Quality of Work</b>	<b>Comments</b> 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.	
<b>Quantity of Work</b>	<b>Comments</b> 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.	
<b>Judgment and Decision Making</b>	<b>Comments</b> 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.	



## 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:

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Date of next performance review: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Employee Comments: \_\_\_\_\_

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**(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?      Yes                  Partly                  No

Do you feel your training has been adequate to  
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