

90-Day Employee Performance Review

Employee Information Employee Name: Employee ID: Date: Job Title: Department: Manager: Review Period: to **Review Guidelines** At least one week prior to this review, notify employee of the review, and assign the employee a self-review as well as an employee peer review. All goals should be reasonable and specific. This is an evaluation on the job now being performed by the above named employee. The care and accuracy with which this appraisal is made will determine its value to the person being evaluated and to the Company. Please rate one factor at a time by checking the appropriate box, considering that factor only. Ratings should be assigned in an impartial and objective manner. Supervisors (evaluators) may be called upon to justify the ratings given Goals Briefly describe the goals of the employee. Were the goals achieved? If no, then why not? Goal #1: Goal #2:

Goal #3:



Evaluation

Use this rating key for the following evaluation:

1 = Unsatisfactory

Does not perform required tasks. Requires constant supervision

2 = Marginal

Needs improvement in quality of work. Completes tasks, but not on time.

3 = Meets Requirements

Meets basic requirements. Tasks are completed on time.

4 = Exceeds Requirements

Goes above and beyond expectations.

5 = Exceptional

Always gets results far beyond what is required.

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Achieves Set Objectives					
Open To Constructive Criticism					
Demonstrates Required Job Skills And Knowledge					
Demonstrates Effective Management And Leadership Skills					
Completes All Assigned Responsibilities					
Meets Attendance Requirements					
Takes Responsibility For Actions					
Recognizes Potential Problems And Develops Solutions					
Demonstrates Problem Solving Skills					
Offers Constructive Suggestions For Improvement					
Generates Creative Ideas And Solutions					
Provides Alternatives When Making Recommendations					



Additional Comments:				
Provide Suggestions For Self-Improvement:				
Supervisor/Manager Feedback:				
Verification o	f Review			
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.				
I, acknowledge receipt of revie agreement.	w, and my signature does not necessarily indicate			
Freedom & Company	D. (s			
Employee Signature	Date			
Manager Signature	Date			