



# 30-Day Review Form

Employee Name: \_\_\_\_\_ Manager \_\_\_\_\_

Position : \_\_\_\_\_ Date: \_\_\_\_\_

## Performance Summary

Category	Rating (1-5)	Comments
Attendance & Punctuality		
Role Understanding		
Member / Client Interaction		
Initiative & Problem Solving		
Teamwork & Communication		
Alignment with UAC Culture		
Professional Appearance		
Adherence to SOPs		

## Manager Summary

- ☐ Meets Expectations  
☐ Needs Improvement  
☐ Not Meeting Expectations

## Action Plan

Development Area	Action Steps	Timeline

Employee Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_