



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: _____