



90 DAY REVIEW FORM

Employee Name/ID: _____ Group/CBS Group: _____
Title: _____ Lead Reviewer's Name: _____

The 90 Day Review typically takes place three months after employment. This review is relatively informal and it is designed to provide feedback to the employee on their performance thus far.

The Lead Reviewer should send completed 90 Day Review forms to your HR Business Partner. There are several HRBPs for each Group, please click [here](#) to find the contact information for your Division.

Rating Scale	
On The Right Track	Performance is in line with employment expectations.
Needs Improvement	Demonstrated knowledge, skills, abilities and behaviors are less than expected based on employment interview. Employee needs to improve above mentioned areas
Unacceptable	Performance clearly fails to meet requirements and serious deficiencies exist. Immediate corrective action must be taken by the employee to improve performance.

Consider Demonstrated Performance (as applicable)				
Additional info on ICF's Competencies is available online on the Career Paths + Competencies intranet page.				
Behavioral and Professional Competencies	On The Right Track	Needs Improvement	Unacceptable	N/A
Owns The Business: Sets challenging goals, focuses on client needs and delivers great results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds Organizational Capability: Fosters teamwork, inspires innovation and advances change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models Leadership: Engages, communicates and leverages the broad capabilities of ICF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Development Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting & Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project & Resource Management Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication & Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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All new hires are directed to complete their New Employee Compliance trainings within their first two weeks of employment.

To review the training records for your employee(s):

1. Click “Manager Tools” on the lower left-hand side of the [Learning Institute](#) home page
2. Select the checkbox by the employee's name
3. Open the drop-down menu next to “Users” and select “View... Courses completed”

For more details, see the Manager Tools Overview document [here](#).

NOTE: Employees can also view their compliance training completion from "My Training History" under "My Learning Path"

ICF Mandatory Trainings	
Please indicate whether your employee(s) has completed their required new hire compliance trainings.	
<input type="checkbox"/>	All mandatory compliance training is complete
<input type="checkbox"/>	Mandatory compliance training is incomplete (Please indicate which trainings are missing below)
<input type="checkbox"/>	Conflict of Interest
<input type="checkbox"/>	Business Ethics Acknowledgment and Affirmation
<input type="checkbox"/>	Security Awareness
<input type="checkbox"/>	Timekeeping and WebET
<input type="checkbox"/>	Timekeeping and Vision
<input type="checkbox"/>	How to Record Your Meal break in WebET
<input type="checkbox"/>	How to Record Your Meal break in Vision
<input type="checkbox"/>	Preventing Workplace Harassment
<input type="checkbox"/>	Preventing Workplace Harassment for CA/CT/ME Supervisors
<input type="checkbox"/>	Global Anti-Corruption

Achievement Towards Goals and/or Overall Comments (Required)	

Lead Reviewer:

Date: _____

Employee:

Date: _____