90 day nEW EMPLOYEE SELF EVALUATION

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| Employee Name: |  | Today’s Date: |  |
| Title: |  |  |  |
| Supervisor Name: |  | Team: |  |
| Title: |  |  |  |

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| expectations |
| * How did the first 90 days compare to your initial expectations? (comment on roles/responsibilities, your skill levels, etc. as relevant) * Is there anything management can do to meet those expectations? |
| PERFORMANCE |
| * How would you describe your job performance over the first 90 days? * What projects have you worked on? Highlight some of your successes and setbacks you’ve experienced. |
| Strengths and areas for development |
| * Enter strengths and areas of development here. |
| EMPLOYEE FEEDBACK |
| * What challenges have you faced? (if any) * Is there anything you need from management? (equipment, additional training, etc) * Any additional feedback? |
| PERFORMANCE GOALS AND ACTION PLAN |
| * What are your short and long-term performance goals, including opportunities, action plans, and support needed? |

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| Employee Signature | Supervisor Signature |
|  |  |
| Date | Date |