



Staff Orientation Period 30-Day Evaluation

30

A-123

Employee Name _____

Date of Hire ___/___/___

Supervisor _____

Successful Start-up Plan (note date completed next to each task)

- | | |
|---|--|
| ___/___/___ Review Job Description | ___/___/___ Introduce Employees |
| ___/___/___ Review Dept. Procedures, Standards | ___/___/___ Introduce to Related Depts. |
| ___/___/___ Train in Initial Job Assignments | ___/___/___ Review Safety Procedures |
| ___/___/___ Obtain Keys | ___/___/___ Identify & Locate Tools/Equip. |
| ___/___/___ Review Work Schedule (Hrs, Days) | ___/___/___ Follow-up, one week |
| ___/___/___ Review Time Off Procedures | ___/___/___ Follow-up, two weeks |
| ___/___/___ Review Pay Procedures | |
| ___/___/___ Review Performance Management Process | |

First Performance Review (30 days)

	1	2	3	4	5
	Poor	Improvement Needed	Satisfactory	Good	Outstanding
A. Demonstrates general understanding of job responsibilities	1	2	3	4	5
B. Performs assigned tasks	1	2	3	4	5
C. Uses time productively	1	2	3	4	5
D. Meets Deadlines	1	2	3	4	5
E. Responds to instructions	1	2	3	4	5
F. Asks questions	1	2	3	4	5
G. Takes initiative	1	2	3	4	5
H. Performs quality work	1	2	3	4	5
I. Demonstrates Progress in Developing Skills	1	2	3	4	5
J. Acts professionally	1	2	3	4	5
K. Shows team work and cooperation	1	2	3	4	5
L. Demonstrates customer service standards	1	2	3	4	5
M. Attendance	1	2	3	4	5

Comments

Areas of strength _____

Areas to learn or develop _____

Recommendation

- Continue Employment
- Extend Orientation to (date) ___/___/___
- Sever Employment as of (date) ___/___/___

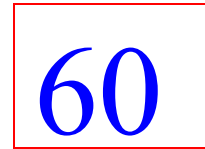
Reason _____

 Supervisor's Signature

___/___/___
 Date

 Employee Signature

___/___/___
 Date



Staff Orientation Period 60-Day Evaluation

Employee Name _____

Date of Hire ____/____/____

Supervisor _____

Second Performance Review (60 days for new employees)

	1 Poor	2 Improvement Needed	3 Satisfactory	4 Good	5 Outstanding
A. Demonstrates general understanding of job responsibilities	1	2	3	4	5
B. Performs assigned tasks	1	2	3	4	5
C. Uses time productively	1	2	3	4	5
D. Meets Deadlines	1	2	3	4	5
E. Responds to instructions	1	2	3	4	5
F. Asks questions	1	2	3	4	5
G. Takes initiative	1	2	3	4	5
H. Performs quality work	1	2	3	4	5
I. Demonstrates Progress in Developing Skills	1	2	3	4	5
J. Acts professionally	1	2	3	4	5
K. Shows team work and cooperation	1	2	3	4	5
L. Demonstrates customer service standards	1	2	3	4	5
M. Attendance	1	2	3	4	5

Comments

Areas of strength _____

Areas to learn or develop _____

- Recommendation** Continue Employment
- Extend Orientation to (date) ____/____/____
- Sever Employment as of (date) ____/____/____

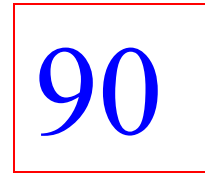
Reason _____

Supervisor's Signature

____/____/____
Date

Employee Signature

____/____/____
Date



Staff Orientation Period 90-Day Evaluation

Employee Name _____

Date of Hire ____/____/____

Supervisor _____

Final Performance Review (90 days)

	1 Poor	2 Improvement Needed	3 Satisfactory	4 Good	5 Outstanding
A. Demonstrates general understanding of job responsibilities	1	2	3	4	5
B. Performs assigned tasks	1	2	3	4	5
C. Uses time productively	1	2	3	4	5
D. Meets Deadlines	1	2	3	4	5
E. Responds to instructions	1	2	3	4	5
F. Asks questions	1	2	3	4	5
G. Takes initiative	1	2	3	4	5
H. Performs quality work	1	2	3	4	5
I. Demonstrates Progress in Developing Skills	1	2	3	4	5
J. Acts professionally	1	2	3	4	5
K. Shows team work and cooperation	1	2	3	4	5
L. Demonstrates customer service standards	1	2	3	4	5
M. Attendance	1	2	3	4	5

Comments

Areas of strength _____

Areas to learn or develop _____

- Recommendation** Continue Employment
- Extend Orientation to (date) ____/____/____
- Sever Employment as of (date) ____/____/____

Reason _____

Supervisor's Signature

____/____/____
Date

Employee Signature

____/____/____
Date