# **90-Day Performance Review**

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| **Employee’s Name and ID:** |
| **Job Title:** |
| **Department:** |
| **Reviewer’s Name and ID:** |
| **Date:** |

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| **Employee evaluation** |
| **Category** | **Rate** |
| Understanding job requirements |   |
| Work quality and consistency |   |
| Technical skills and potential |   |
| Ability to organize |   |
| Leadership and team player |   |
| Verbal and non-verbal communication skills |   |
| Commitment to team/ projects |   |
| Responsibility |   |
| Initiative |   |
| Collaboration and inclusion |   |
| Motivation/ Enthusiasm |   |
| Attendance/ Punctuality |   |
| **Positive impressions**Describe employee’s greatest strengths  |
| **Areas of improvement**Detail employee’s training needs  |
| **Additional comments:**  |

 **Reviewer name/ signature: Employee name/ signature:**

 **Rating Scale:**

5 – Outstanding

4 – Very satisfactory

3 – Satisfactory

2 – Unsatisfactory

1 – Poor