# **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