New Hire 90-Day Review Form

Employee Information

Employee Name	
Position / Title	
Department	
Review Date	
Reviewer Name	
Performance Assessment	
Quality of Work	
Quality of Work	
Quality of Work	
Quality of Work Productivity	
Productivity	
Productivity	
Productivity Attendance & Punctuality	
Productivity	
Productivity Attendance & Punctuality	

Initiative & Learning

Strengths	
A	
Areas for Improvement	
Goals for Next 90 Days	
Additional Comments	
Employee Signature	
Date	
Date	
Reviewer Signature	
_	
Date	