## New Hire 30-Day Feedback Form

Name
Department
Chart Data
Start Date
Manager/Supervisor
Is your role and responsibilities clear?
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How do you feel about the training you received so far?
Thow do you recrabout the training you received so rais:
Are you receiving adequate support from your team and manager?
▼
What challenges have you encountered, if any?
Do you have any suggestions for improving the new hire experience?