

30/60/90 Day Employee Review

Employee Name: _____ Date: _____

Employee Position: _____

Evaluation: ☐ 30-Day ☐ 60-Day ☐ 90-Day

Performance Rating Guide:

- 1 = Needs major improvement
- 2 = Fair, needs development
- 3 = Meets expectations
- 4 = Exceeds expectations
- 5 = Outstanding / leadership behavior

Personality & Demeanor:

Friendly, adaptable team player, positive attitude.

Rating (1-5): _____ Comments:

Communication Skills:

Listens well, communicates clearly with team & clients.

Rating (1-5): _____ Comments:

Attendance & Punctuality:

Consistently present and on time.

Rating (1-5): _____ Comments:

Initiative:

Takes action independently and anticipates needs.

Rating (1-5): _____ Comments:

Organization & Time Management:

Prioritizes effectively, stays on task.

Rating (1-5): _____ Comments:

Self-Control:

Stays calm and productive under pressure.

Rating (1-5): _____ Comments:

Proficiency:

Demonstrates clinical & workflow competence.

Rating (1-5): _____ Comments:

Client Interaction:

Professional, empathetic, service-focused.

Rating (1-5): _____ Comments:

Creativity & Problem-Solving:

Innovative and resourceful.

Rating (1-5): _____ Comments:

Patient Handling:

Compassionate, safe handling, stress-aware techniques.

Rating (1-5): _____ Comments:



Core Values Review

Core Value #1: _____

Rating (+ / +/- / -): _____ Notes: _____

Core Value #2: _____

Rating (+ / +/- / -): _____ Notes: _____

Core Value #3: _____

Rating (+ / +/- / -): _____ Notes: _____

Core Value #4: _____

Rating (+ / +/- / -): _____ Notes: _____

Core Value #5: _____

Rating (+ / +/- / -): _____ Notes: _____

GWC (Get It • Want It • Capacity):

Get It: _____

Want It: _____

Capacity to Do It: _____

Additional Comments: _____

Areas for Improvement: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____