



90 Day Performance Review

Employee Name: _____ Department: _____

Current Date: _____ Date of Employment: _____

Title: _____

Current Evaluation Period: From: _____ To: _____

Evaluator Name/Title: _____

Work Performance

Work Performance	1. Unacceptable 3. Good	2. Fair 4. Superior
Service Skills	Comments	1 2 3 4
The ability to develop sound relationships by listening to and understanding diocesan employees and applicants. The ability to anticipate and provide appropriate solutions to needs and giving priority to client satisfaction.		
Teamwork Skills	Comments	1 2 3 4
The ability to develop relationships with co-workers and to contribute to group solutions. The effort put forward to making our diocese a better place to work for everyone.		
Quality of Work	Comments	1 2 3 4
The value of work produced by the employee and the thoroughness, accuracy, neatness, and acceptability of the work completed. Ability to work under pressure and learn from previous mistakes. Accurately checking processes and tasks and handling issues in a timely manner.		
Quantity of Work	Comments	1 2 3 4
The quantity of work produced by the employee and accuracy and acceptability of the work completed. The ability to work at quick rates of speed, under pressure, while producing accurate outcomes.		
Judgment and Decision Making	Comments	1 2 3 4

The ability to think logically and practically before making decisions. Use of independent thought, originality, and reasoning. Ability to prioritize work and timely implementation of workable solutions to problems. The ability to handle confidential information.

Work Performance	1. Unacceptable	2. Fair
	3. Good	4. Superior
Initiative	Comments	1 2 3 4
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempt non-routine jobs and tasks. Energy, enthusiasm, and ingenuity. The exercise of judgment and independent actions within limits of authority. The degree to which the employee is self-starting and proactive.		
Dependability/Punctuality	Comments	1 2 3 4
The thoroughness demonstrated by the employee in following through on assignments and instructions in a reliable, trustworthy, and timely manner. Overall attendance and adherence to work schedules, office hours.		

Progress

How well has the employee integrated self into current position?

Overall Results of Performance Appraisal

Based upon the attached evaluation, the overall performance rating of this employee is:

- _____ (Rating #) Exceeds Standards: Superior performance in meeting employee objectives.
- _____ (Rating #) Meets Standards: Satisfactory performance in meeting employee objectives.
- _____ (Rating #) Meets Minimum Standards: Minimum performance in meeting employee objectives.
- _____ (Rating #) Below Standards: Unacceptable performance in meeting employee objectives.

(Employee to complete)

Employee Name: _____ Department: _____

Current Date: _____ Title: _____

Current Evaluator Name/Title: _____

Check appropriate answers and comments to below.

Do you understand the requirements of your job? ☐ Yes ☐ Partly ☐ No

Do you feel your training has been adequate to
Successfully complete your job? ☐ Yes ☐ Partly ☐ No

Do you have regular opportunities to discuss
your work and objectives with your manager? ☐ Yes ☐ Partly ☐ No

Would you like to have more informal meetings
with your manager than you are currently having? ☐ Yes ☐ Partly ☐ No

Do you have any skills, aptitudes, or knowledge not fully utilized in your job? _____

If so, what are they and how could they be used? _____

Is there any special help or coaching you would like from your manager? _____

How well does your position satisfy your personal/professional goals? _____

What training, career, or future job opportunities are of interest to you? _____

Additional remarks, notes, questions, or suggestions. _____

Signatures:

Reviewer

Date

Employee

Date