New Employee Onboarding 90-Day Progress Review

Employee & Supervisor complete prior to scheduled 3-month check-in session then discuss responses.

Date: _____________________________

Employee Name: _____________________________ Title: _____________________________

Department: _____________________________________________________________________

Evaluator Name: _____________________________ Title: _____________________________

Check appropriate answers below.

1. Do you understand the requirements of your job?  □ Yes □ Partly □ No

2. Do you feel your training has been adequate to successfully complete your job?  □ Yes □ Partly □ No

3. Do you have regular opportunities to discuss your work and objectives with your supervisor?  □ Yes □ Partly □ No

4. Would you like to have more informal meetings with your supervisor than you are currently having?  □ Yes □ Partly □ No

Please answer the following on a scale of 1 to 5 (5 is strongly agree, 1 is strongly disagree)

5. Does your position satisfy your personal/professional goals?  1 2 3 4 5

6. Indicate your satisfaction about your employment at Ball State University  1 2 3 4 5

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 supervisor?___________________________________________________________

___________________________________________________________________________________________

What additional training or information do you need to be successful? ________________________________________________________________

___________________________________________________________________________________________

Additional remarks, notes, questions, or suggestions. ________________________________________________________________

___________________________________________________________________________________________

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