

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed?  <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  <p style="text-align: center;">NO</p>	If obstacles or barriers exist, what has been done to eliminate them?

**For Employees at their 30-Day and 90-Day milestone, please mark one:**

- Employee is making progress and meeting performance expectations
- Employee is not making progress and is not meeting performance expectations

<p><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p><b>Aye is performing well in tasks assigned and has good attendance. She is a quick learner and works well with other staff.</b></p>
<p><b>Employee Comments</b></p> <p style="text-align: right;"><i>Aye J 25</i></p>

*This Evaluation has been reviewed with me on this date.*

<b>Employee Signature:</b>  <i>Aye nre</i>	<b>Date:</b>  <p style="text-align: center;">9-2-16</p>
<b>Supervisor Signature:</b>  	<b>Date:</b>  <p style="text-align: center;">9-2-16</p>