

Employee	Supervisor
Are additional resources/tools needed?  NO	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  NO	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>          DOING A GREAT JOB! COMMUNICATES WELL TO OTHERS, QUICK LEARNER.</p>
<p><b>Employee Comments</b></p>

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

Employee Signature: <i>Keith Ward</i>	Date: 10-17-16
Supervisor Signature: <i>[Signature]</i>	Date: 10-17-16

*C Paves  
10-19-2016*