

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? ND	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? ND	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 most 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>  <b>Mai has plateaued in her overall performance. Her work pace many times is just average and can fall below other coworkers. She can and does perform very well when she wants or needs to but has tendency to revert to a slower pace overall.</b></p>
<p><b>Employee Comments</b></p> <p style="text-align: right;"><i>Chau J</i> 05</p>

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

Employee Signature: <i>X mai Chau</i>	Date: 3-25-16
Supervisor Signature:	Date: