

Please answer the following questions below:

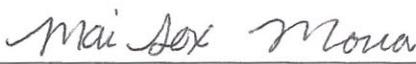
Employee	Supervisor
Are additional resources/tools needed? <p style="text-align: center;">no</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? <p style="text-align: center;">no</p>	If obstacles or barriers 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>Supervisor Comments <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>Mai is progressing in all positions assigned. She has good attendance and works well with other staff. Keep on working on her speed in tasks assigned.</p>
<p>Employee Comments</p>

This Evaluation has been reviewed with me on this date.

Employee Signature: 	Date: 10-25-16
Supervisor Signature: 	Date: 10-25-16

 10/27/16
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