

Please answer the following questions below:

Employee	Supervisor
Are additional resources/tools needed? N/A	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work? N/A	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

<b>Supervisor Comments</b> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i>

<b>Employee Comments</b>

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

<b>Employee Signature:</b> 	<b>Date:</b> 4-7-16
<b>Supervisor Signature:</b> 	<b>Date:</b> 4-7-16