

Please answer the following questions below:

| Employee                                                                        | Supervisor                                                                 |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Are additional resources/tools needed?<br><br>ND                                | Have additional resources/tools that the employee requested been provided? |
| Are there any barriers or obstacles to successfully perform the work?<br><br>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 performance expectations
- Employee is not making progress and is not meeting performance expectations

|                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Supervisor Comments</b><br/> <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i><br/> <b>Po is a quick learner along with hard worker. Good attendance and works well with other staff.</b></p> |
| <p><b>Employee Comments</b></p> <div style="text-align: right; margin-top: 20px;"> <span style="font-size: small;">25</span>  </div>               |

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

|                                                                                                                            |                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <p><b>Employee Signature:</b><br/> </p> | <p><b>Date:</b><br/>                     6-8-16</p> |
| <p><b>Supervisor Signature:</b></p>                                                                                        | <p><b>Date:</b><br/>                     6-8-16</p> |