

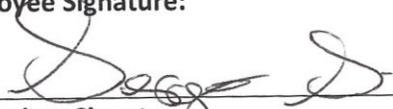
Employee	Supervisor
Are additional resources/tools needed?  <p style="text-align: center;">NO</p>	Have additional resources/tools that the employee requested been provided?
Are there any barriers or obstacles to successfully perform the work?  <p style="text-align: center;">NO</p>	If obstacles or barriers 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><b>Supervisor Comments</b>  <i>(If Not-Acceptable is marked for any Task, specific examples must be provided)</i></p> <p>QUICK LEARNER. GREAT ATTITUDE WANTING TO HELP OTHERS. ABLE TO WORK ON HIS OWN. ALWAYS COMPLETES TASKS GIVEN TO HIM RIGHT AWAY.</p>
<p><b>Employee Comments</b></p> <p style="text-align: right;"><i>[Handwritten Signature]</i></p>

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

Employee Signature: 	Date: 05/02/16
Supervisor Signature: 	Date: 5-2-16