| Employee | Supervisor |
|---|---|
| Are additional resources/tools needed? | Have additional resources/tools that the employee requested been provided? |
| No | |
| Are there any barriers or obstacles to successfully perform the work? | If obstacles or barriers exist, what has been done to eliminate them? |
| No | |

**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

| **Supervisor Comments** |
|---|
| *(If Not-Acceptable is marked for any Task, specific examples must be provided)* |
| |
| **Employee Comments** |
| |

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

| Employee Signature: | Date: |
|---|---|
| Supervisor Signature: | Date: |