



# 90-Day and 6-Month Performance Evaluation

## PART II: SUPERVISOR REVIEW

Job Performance Factor and Description	SUPERVISOR Rating and Comment
<b>A. Productivity</b> (e.g. demonstrates commitment to producing work that meets departmental standards/goals, ensures consistency and accuracy in result/output, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>B. Initiative</b> (e.g. shows great energy in tackling challenges related to assigned tasks, demonstrates accountability for own learning, works well without any supervision, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>C. Dependability</b> (e.g. demonstrates satisfactory attendance, reports to work and meetings as scheduled, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>D. Cooperativeness</b> (e.g. works well with others, willingness to share expertise and information with others, demonstrates a collaborative aptitude, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>E. Adaptability</b> (e.g. constructively acts and adjusts due to feedback or change, performs under pressure, handles multiple assignments, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>F. Compliance / Safety</b> (e.g. speaks up about all risks of harm, adheres to all safety guidelines, participates in all mandatory training, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>G. Diversity, Equity, &amp; Inclusion</b> (e.g. encourages and contributes to a work environment that is welcoming to all, treats all individuals with courtesy, dignity, and respect, etc.)	Meets    Does Not Meet    Not Observed (please check one box)
<b>H. Overall Rating</b> <div style="text-align: center;">(please check one box)</div> Employee successfully meets or exceeds requirements.      Employee fails to meet orientation job requirements.	
<b>I. Comments</b> <u>All ratings of "does not meet" requires comments;</u> Add what employee should work towards for next evaluation.	
<b>J. Recommendation</b> (please check one box) Recommend completion of probation period. Recommend 30-day extension of probation period for additional observation time. Recommend employee be terminated (must be approved by Director and Administrative Manager).	

## PART III: SIGNOFFS

Employee:    (1) I have read and discussed this evaluation with my supervisor.  
 (2) I realize that if I wish to do so, I may submit a written statement about this evaluation to the Human Resources Department within five (5) days of this date.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email copy of evaluations to Human Resources Department at [jthompson@hrdfwv.org](mailto:jthompson@hrdfwv.org).**

**Subject: Attn. Probationary Period Performance Evaluation**