****`

**45 DAY Review**

**Employee Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | First Name | Last Name |  | ID Number | ID Number |
| Position | Position | |  | Date | Choose Date |
| Department | Click or tap here to enter text. | |  |  |  |

**SUPERVISOR INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | First Name | Last Name |  | ID Number | ID Number |

**Copy and paste essential function from job description into the box below.**

|  |
| --- |
| Enter text |

**Supervisor comments on progress toward understanding and execution of essential functions.**

|  |
| --- |
| Enter text |

**Describe noteworthy contributions in the first 45 days.**

|  |
| --- |
| Enter text |

**Primary Area(s) of Focus for Growth and Development in the next 45 days:**

|  |
| --- |
| Enter text |

**Performance Ratings**

1. Below expectations
2. Meets expectations
3. Exceeds expectations

|  |  |  |  |
| --- | --- | --- | --- |
| **Progress Standards** | **1** | **2** | **3** |
| **Position Knowledge**: Performs essential functions with appropriate supervision |  |  |  |
| **Organization:** Plans and implements a realistic work schedule to meet deadline |  |  |  |
| **Quality of Work**: Demonstrates accuracy, thoroughness and effectiveness |  |  |  |
| **Accountability**: Carries out instructions and job duties in a dependable and reliable way |  |  |  |
| **Communication Abilities**: Expresses thoughts clearly and concisely, both orally and in writing |  |  |  |
| **Flexibility**: Performs well under pressure; adaptable: shows willingness to navigate change |  |  |  |

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*Supervisor’s signature Employee’s signature*