

New Employee Onboarding 90-Day Progress Review

Employee & Supervisor complete prior to scheduled 3-month check-in session then discuss responses.

Date: _____

Employee Name: _____ Title: _____

Department: _____

Evaluator Name: _____ Title: _____

Check appropriate answers below.

1. Do you understand the requirements of your job? Yes Partly No

2. Do you feel your training has been adequate to successfully complete your job? Yes Partly No

3. Do you have regular opportunities to discuss your work and objectives with your supervisor? Yes Partly No

4. Would you like to have more informal meetings with your supervisor than you are currently having? Yes Partly No

Please answer the following on a scale of 1 to 5 (5 is strongly agree, 1 is strongly disagree)

5. Does your position satisfy your personal/professional goals? **1 2 3 4 5**

6. Indicate your satisfaction about your employment at Ball State University **1 2 3 4 5**

Do you have any skills, aptitudes, or knowledge not fully utilized in your job? If so, what are they and how could they be used? _____

Is there any special help or "coaching" you would like from your supervisor? _____

What additional training or information do you need to be successful? _____

Additional remarks, notes, questions, or suggestions. _____
