



INTRODUCTORY PERIOD ASSESSMENT FORM

EMPLOYEE NAME: _____ PCB LOCATION: _____

JOB TITLE: _____ DATE OF HIRE: _____

1 = Unsatisfactory; 2 = Needs Improvement; 3 = Meets Expectations; 4 = Exceeds Expectations

1. **Attendance** 1 2 3 4
Comments: _____

2. **Attitude** 1 2 3 4
Comments: _____

3. **Initiative / Effort** 1 2 3 4
Comments: _____

4. **Job Skills / Ability to Perform Tasks** 1 2 3 4
Comments: _____

5. **Ability to Work With Others / Communication Skills** 1 2 3 4
Comments: _____

6. **Willingness to Take Direction / Counsel** 1 2 3 4
Comments: _____

Additional Comments (e.g., Strengths, Weaknesses)

Summary (Recommend / Do Not Recommend for Continued Employment):

Supervisor: _____ Date: _____

Employee: _____ Date: _____

Note: This form is to be completed and reviewed with a new employee on or before their 90th day of employment. Completed forms must be promptly forwarded to the HR Department for processing.