

90 Day Performance Review (Self Review)

Employee Name :

Employee Department :

Employee Position :

(To be Filled by Employee)

Are you happy with your job right now? Why?

What are your expectations for working here?

What do you feel are your biggest accomplishments since starting with the company?

Are there any areas where you feel you need more training or support?



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What have you found to be the biggest challenge in your role so far?

Are there any specific goals or objectives you want to achieve in the next 90 days?

What is your opinion of this company?

Employee Signature

Date Signed:

Evaluator Signature

Date Signed:

