

90-Day Performance Review Self-Evaluation Form

Employee Name: _____

Date: _____

Please take a few minutes to answer the following questions about your performance in the last 90 days. Your honest feedback will help us understand your strengths and weaknesses and identify areas where we can support your development.

1. Are you satisfied with your job role and responsibilities? If not, please explain.

2. Are you meeting your goals and objectives? If not, please explain.

3. Are there any specific skills or knowledge areas you would like to improve upon?

4. Do you have all the tools and resources necessary to succeed in your role? If not, please specify what you need.

5. Have you received any feedback or coaching from your supervisor? If so, how helpful was it?

6. Are you comfortable with the level of autonomy in your job? If not, please explain.

90-Day Performance Review Self-Evaluation Form

7. Do you enjoy working with your team? If not, please explain.

8. How do you prioritize your workload? Do you feel you are managing your time effectively?

9. What do you consider to be your biggest accomplishments in the last 90 days?

10. What are your career goals, and how can we help you achieve them?

11. What areas do you need support in, and how can we best provide that support?

12. Please provide any additional comments or feedback that you feel is relevant to your performance.

Thank you for taking the time to complete this self-evaluation form. Your responses will be used to guide our discussions during your 90-day performance review meeting.

Employee's Signature:

Date Signed: