

NEW EMPLOYEE EVALUATION FORM

EVALUATION TO BE DONE BI-WEEKLY

Date of Hire: _____ Employee Name: _____

Mentor/Supervisor: _____

Required Skills	Poor	Needs Improvement	Fair	Good
1. Attendance				
2. Interaction with others				
3. Communication skills				
4. Organization skills				
5. Listens to instructions				
6. Thinks safety and works safely				
7. Demonstrates a professional attitude towards tasks				
8. Has the employee been progressing positively?				

Comments:

Date: _____

Employee Signature: _____

Mentor Signature: _____

Supervisor Signature: _____