



NEW EMPLOYEE REVIEW

Team Member Name: _____ Start Date: _____ Job Title: _____

Date of Reviews: 30 days: _____ 60 days: _____ 90 days: _____

Employee Review Guidelines: The employee will be provided with this employee review form and asked to complete the "New Team Member Self-Assessment" sections that are highlighted. Once the employee has finished, the trainer, in collaboration with the lead doctor, will complete the remaining sections. Additionally, the trainer will assess the employee's performance in areas such as dependability, teamwork, leadership, attitude, work quality, and work quantity.

When completing the ratings, the 30-day assessment will be marked in **red**, the 60-day assessment in **blue**, and the 90-day assessment in **black ink**.

Ratings: Excellent = 5 Good = 4 Satisfactor = 3 Fair = 2 Poor = 1

Dependability

Arrives to work on time	5	4	3	2	1
Follows instructions	5	4	3	2	1
Takes responsibility for own actions	5	4	3	2	1

Team Work

Communicates effectively and reliably	5	4	3	2	1
Gives and offers support to others	5	4	3	2	1
Responds well to feedback	5	4	3	2	1

Leadership

Reacts well under pressure	5	4	3	2	1
Shows confidence and motivates others to perform well	5	4	3	2	1
Begins tasks without being asked	5	4	3	2	1

Attitude

Shows enthusiasm while working	5	4	3	2	1
Demonstrates interest in the job and deserves to improve	5	4	3	2	1
Displays courtesy and sensitivity to patients	5	4	3	2	1

Quality of Work

Knows and understands job requirements	5	4	3	2	1
Exhibits ability to learn and apply new skills	5	4	3	2	1
Requires minimal supervision or corrections	5	4	3	2	1

Quantity of Work

Performs tasks correctly and efficiently	5	4	3	2	1
Completes tasks promptly	5	4	3	2	1
Ability to multitask responsibilities and patients	5	4	3	2	1



30 Day Review

Employee Strengths	
New Team Member Self-Assessment	Manager or Lead RDA (Doctor input)
Suggested Areas for Improvement	
New Team Member Self-Assessment	
Goals for Next 30-Day Period	Tools & Training Needed to Succeed

New Employee Signature: _____

Date: _____

Name of Reviewer: _____

Date: _____



60 Day Review

Employee Strengths	
New Team Member Self-Assessment	Manager or Lead RDA (Doctor input)
Suggested Areas for Improvement	
New Team Member Self-Assessment	
Goals for Next 30-Day Period	Tools & Training Needed to Succeed

New Employee Signature: _____

Date: _____

Name of Reviewer: _____

Date: _____



90 Day Review

Employee Strengths	
New Team Member Self-Assessment	Manager or Lead RDA (Doctor input)
Suggested Areas for Improvement	
New Team Member Self-Assessment	
Areas of Continued Focus After Training	

New Employee Signature: _____

Date: _____

Name of Reviewer: _____

Date: _____