

Thirty Day On-Boarding Assessment

Employee's Name _____

Date _____

Reviewer's Initials _____

Yes	No	Ask Yourself...
<input type="checkbox"/>	<input type="checkbox"/>	1. Does this person live the Company's values?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has this person shown initiative and an ability to work without supervision? _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Would the team miss this person if he/she were gone?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you experienced any problems with this person to-date? (Excuses, reasons they can't do what's needed, dependability issues, etc.) _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Has everything possible been done to help this person succeed?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you made sure this person knows what it takes to be successful? (1 st paycheck review, regular feedback, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	7. Is there something else you could or should be doing to get them to where they need to be? _____ _____
IF YOUR RESPONSE WAS "NO" TO 5, 6, OR 7 ABOVE, INITIATE REMEDIAL ACTION, THEN REVIEW THIS FORM AND ANSWER #9 BELOW 30 DAYS FROM NOW.		
<input type="checkbox"/>	<input type="checkbox"/>	8. Should you continue to invest resources (time, money, training, mentoring, etc.) in this person? If yes, why? If no, why not? _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	9. If this person is not working out, was something missed or overlooked in the hiring process? If yes, how will you ensure it doesn't happen again? _____ _____ _____

Final action: Continue to invest in this person. Allow this person to find another place to work.