



STAFF ORIENTATION EVALUATION

Empl. Name:	Date of hire/transfer:
Empl. ID #:	Date orientation ends:
Department:	Job Title:
Supervisor:	

Review Period	<input type="checkbox"/> 1 month	<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> Extension
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Before completing this form, review the instructions on page 3. Supervisors should also review **Policy no. II-10** and **Procedure no. II-10a** in the HR Policy Manual for details about the Employment Orientation Period.

Employee Comments

What questions do you have concerning what is expected of you on this job? _____

How would you assess your overall performance? _____

What do you feel you need to be successful? _____

Supervisor Evaluation of Employee Performance

NO = Not Observed

NI = Needs Improvement

S = Successful

How has the employee accomplished what you would expect during orientation with respect to:

Competencies	Rating	Comments
Knowledge of job <i>(appropriate understanding of job duties; developing skills needed to perform job, prioritizing assignments)</i>	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Technical skills <i>(appropriate knowledge of equipment, software, & relevant programs needed to perform job)</i>	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Quality of work <i>(accuracy; thoroughness; effectiveness of work)</i>	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Productivity/quantity of work <i>(appropriate volume produced; timeliness of work; time management; follow through with assignments)</i>	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Initiative <i>(problem solving; creativity; suggests/implements improved methods)</i>	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	

Work attitude & professionalism (team skills; collaboration with colleagues; positive or professional demeanor, verbal and nonverbal)	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Work ethic (reliability; honesty; integrity; disciplined & engaged; consistency; commitment to work objectives)	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Attendance & punctuality (attendance standard is no more than one unscheduled absence occurrence per month averaged over a six-month period, i.e. 6 or less occurrences over 6 months)	<input type="checkbox"/> NI <input type="checkbox"/> S	Dates of absences: Dates of tardies:
Interpersonal behavior & skills (relationship with colleagues; empathy; communication & interaction with co-workers, supervisors)	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Diversity and inclusiveness (demonstrates awareness, understanding, and sensitivity in interactions with people of diverse backgrounds; contributes to a welcoming work environment for all)	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Service orientation (responsiveness to internal & external requests; anticipate, recognize, & meet others' needs; provides satisfaction; adherence to department standards)	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	
Overall rating Supervisors should consider the relative importance of each competency may vary according to position	<input type="checkbox"/> NO <input type="checkbox"/> NI <input type="checkbox"/> S	

Describe any additional areas where the employee excels or improvement is necessary: _____

Goal Setting (use and attach additional pages, if necessary)

Previous review period goal(s):	Outcomes:
Next review period goal(s):	

Summarize outcome of the review meeting: _____

Supervisor Determination (at end of orientation period)

1. Do you wish to retain this employee? Yes No* Extend*
2. (If applicable) Was an extension approved by Employee Relations? Yes No*
 Extension Number (circle one) #1 #2 #3 * **Must receive prior approval from Employee Relations**

Supervisor's Signature	Date	Employee's Signature (Signature acknowledges receipt only)	Date
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Purpose

CWRU recognizes that our staff advance our mission through the critical roles they play within the university. The purpose of the Staff Orientation Evaluation is to engage and develop our staff by setting them up for success during their first three months.

The three-month orientation period is an opportunity for productive two-way communication between the employee and the supervisor. The Staff Orientation Evaluation aids in this discussion. It should help guide conversations between the supervisor and new employee in defining clear expectations, outlining work outcomes, and addressing any questions or challenges the employee may have. By starting strong, employees will have the necessary foundation to help lead the university toward our vision of being recognized internationally as an institution that imagines and influences the future.

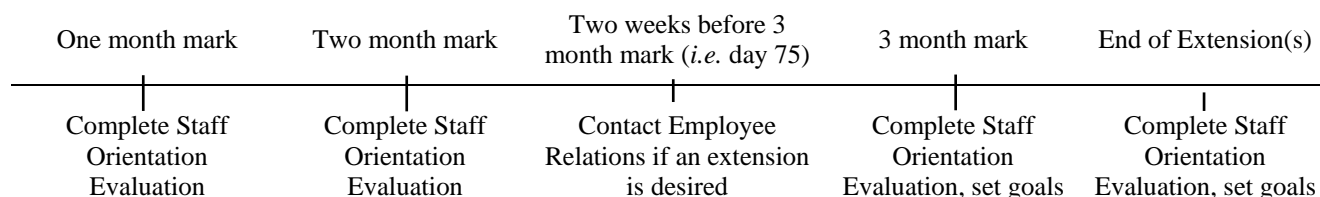
Instructions

1. The supervisor should complete all sections of the form three times during the orientation period – at one month, two months, and three months. This should be completed prior to meeting with the employee each month, except for Employee's Comments and Employee's Signature, which the employee should complete during the meeting.
2. The supervisor and employee should meet and discuss the evaluation:
 - Begin with a discussion of job description (having a copy to refer to is recommended)
 - Ask about concerns or needs from the new employee. The employee should also complete the Employee Comments, including assessing their overall performance.
 - Discuss the supervisor's evaluation on the competencies and successes
 - Make plans for areas in need of improvement as necessary
 - Set goals for upcoming review period, including yearly goals at the end of the orientation period
 - Summarize the outcome of the review meeting
3. After completing the Staff Orientation Evaluation each month, the supervisor should send the Form to the supervisor's management center HR office and provide a copy to the employee.

Orientation Extension

The orientation period may be extended for one month at a time, up to three times (three months total). If supervisors wish to extend orientation, they must:

- Have completed the one-month and two-month Staff Orientation Evaluations.
 - Exceptions can be made due to attendance or other unusual circumstances.
- Have received approval from Employee Relations for the extension two weeks prior to the end of the three month orientation period (around day 75). **Orientation cannot be extended after the three-month orientation period ends.**
- Inform the employee of the orientation extension after gaining approval from Employee Relations.
- Continue to instruct and support the employee in areas where improvement is desired.
- Complete the Staff Orientation Evaluation at the end of the extension period(s)
- Contact Employee Relations during the extension period if performance remains unsatisfactory to discuss termination.



Termination

If a supervisor wishes to terminate employment due to performance issues, conduct, or poor attendance, they must discuss potential termination with Employee Relations and obtain approval from Employee Relations for the termination in advance, before discussing it with the employee.