



60-Day Evaluation Form

Employee Name: _____

Position: _____

Supervisor: _____

Evaluation Date: _____

Performance Review

Criteria	Rating (1–5)	Notes/Examples
Attendance & Punctuality		
Job Knowledge & Skills		
Adherence to Safety Procedures		
Proper Use of PPE		
Animal Handling & Welfare		
Communication & Teamwork		
Adherence to Policies & Procedures		
Time Management & Task Completion		

Supervisor Comments

Feedback on progress, strengths, areas for improvement, and any concerns:

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Employee Comments

Feedback from employee on job role, onboarding, training, or any challenges:

Next Steps & Development Plan

Action Item/Goal	Target Date	Notes/Support Needed
Advanced Training or Cross-Training		
Addressing Areas for Improvement		
Policy Refresh or Refresher Courses		
Ongoing Support or Mentorship Plan		

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

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