

OUEA EVALUATION CHECKLIST

NAME:	Home or Cell Phone Number:	Personal Email Address:
SITE:		
ACTION		DATE or comments
Did you have a group and/or individual orientation for Evaluation within 20 working days following employment?	YES NO	
Did you agree on a date for the formal observation before April 30?	YES NO	
Did the formal observation last at least 30 minutes?	YES NO	
Did you have your formal evaluation conference before May 10?	YES NO	
Did you sign your formal evaluation?	YES NO	