New Hire Check-In Form

Use this form for a 15 to 30 minute one-to-one conversation. Ask the questions in your own words and listen more than you talk. Record what the employee says, agree actions with owners and dates, and review open actions at the next check-in.

CHECK-IN DETAILS

Employee name

Job title and team

Start date

Check-in conducted by

Conducted by role

☐ Direct manager ☐ HR / HR business partner ☐ Onboarding specialist
☐ Skip-level manager

Check-in point

☐ Week 1 ☐ Day 30 ☐ Day 60 ☐ Day 90 ☐ Other

Date of check-in

OVERALL

On a scale of 1 to 5, how is the job going so far?

☐ 1 - Very poorly ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Very well

What has gone better than you expected? What has been harder?

How does the job compare with what you were told during hiring?

☐ Better than expected ☐ About what I expected ☐ Somewhat different ☐ Very different

If different, what surprised you?

ROLE AND TRAINING

Do you know what is expected of you and how your performance is measured?

☐ Yes, clearly ☐ Mostly ☐ Not really

Which parts of the job do you feel confident in, and which not yet?

Was your training enough to do the job? What was missing?

Do you have the tools, system access and equipment you need?

☐ Yes ☐ Mostly ☐ No: see notes

Tools or access still missing

TEAM, MANAGER AND SUPPORT

Who has been most helpful so far?

Do you feel comfortable asking your manager and teammates for help?

☐ Yes ☐ Sometimes ☐ No

How often would you like to check in with your manager, and in what format?

Was your onboarding buddy helpful? (if assigned)

☐ Very helpful ☐ Somewhat ☐ Not really ☐ No buddy assigned

SCHEDULE AND PRACTICAL ISSUES

Is your schedule working for you?

☐ Yes ☐ Mostly ☐ No: see notes

Any issues with commute, childcare, pay accuracy or benefits enrollment?

LOOKING AHEAD

What would make the next 30 days better for you?

How likely are you to still be working here in six months?

☐ Very likely ☐ Likely ☐ Unsure ☐ Unlikely

Is there anything that might make you think about leaving?

Day 90 only: what skills or goals would you like to work toward next?

MANAGER ASSESSMENT (NOT SHARED AS A SCORE WITH THE EMPLOYEE)

Progress against 30-60-90 day plan or training milestones

☐ Ahead ☐ On track ☐ Slightly behind ☐ Significantly behind

Early retention risk

☐ Low ☐ Medium ☐ High

Reason for risk rating

ACTIONS AGREED

Action 1, owner and due date

Action 2, owner and due date

Action 3, owner and due date

☐ Escalated to HR

Next check-in date

Manager signature

Date

Employee signature (optional)

Date