

# PROBATIONARY EMPLOYEE PERFORMANCE EVALUATION FORM

Name of employe	ee: Director:
	Probation end date:
	Please initial each page!!
	D BE COMPLETED BY EVALUATOR  uation of the employee's job performance by using the following assessment scale.
Assessment dem	<u>nitions</u>
Rating	<u>nitions</u> Description
	Description  Consistently exceeds the required standard of performance
Rating	Description
Rating 5	Description  Consistently exceeds the required standard of performance
Rating 5	Description  Consistently exceeds the required standard of performance  Significantly higher than the required standard of performance

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	1 <sup>st</sup>	2nd
	Assessment	Assessment
QUALITY OF WORK  The extent to which the employee accomplishes assigned work of a specified quality within a specified time period.  Please elaborate:		
2 QUALITY OF COMPLETED STAFF WORK The extent to which the employee's work is well executed, thorough, effective, accurtate. Please elaborate:		
3 KNOWLEDGE OF JOB  The extent to which the employee knows and demonstrates why the work is done, given the employee's length of time in his/her current position:  Please elaborate:		

	1 <sup>st</sup>	2nd
	Assessment	Assessment
4 RELATIONS WITH SUPERVISOR  The manner in which the employee responds to supervisory directions and comments.  Please elaborate:		
5 COOPERATION WITH COLLEAGUES – INTERPERSONAL SKILLS		
The extent to which the employee gets along with other individuals.  Consider the employee's tact, courtesy, and effectiveness in dealing with co-workers, supervisors, and customers.  Please elaborate:		
6 COMMUNICATIONS  The extent to which the employee understands verbal and written communication in English. Please also comment on listening skills, writing, verbal and presentation skills:  Please elaborate:		
7 ATTENDANCE AND RELIABLILITY  The extent to which the employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent: Please elaborate:		

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	<b>1</b> <sup>st</sup>	2nd
	Assessment	Assessment
8 INITIATIVE AND CREATIVITY  The extent to which the employee is self-directed, resourceful and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances.  Please elaborate:		
9 CAPACITY TO DEVELOP  The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/ responsibilities.  Please elaborate:		

Employee initial:	
Probation form	

#### **SECTION B: TO BE COMPLETED BY EVALUATOR**

Employee initial: \_\_\_\_\_

L.	Does this employee demonstrate the expertise and	general skill level	you expected t	
	the job requirements? If no, in what way does this employee's performance			
			·	
	Do you consider this employee to be making progre	ss appropriate to	his/her length	
	employment?	☐ Yes	□ No	
	If no, please describe the areas that need improvem	nent?		
	Have you made arrangements for the employee to receive additional training?			
		☐ Yes	□ No	
	If yes, what training? Where conducted?			
	Have you spoken to the employee about areas of co	oncern at any time	other than du	
	probationary review?	☐ Yes	□ No	
	If yes, what was the employee's reaction to the disc	ussion?		

What goals have you and this employee set for the next few weeks/months on the
Does it seem probable that this employee will satisfactorily complete the probation
☐ Yes ☐ If no, please explain.
Recommended action

# **SECTION C: TO BE COMPLETED BY EMPLOYEE**

1.	Did you undergo a formal HR orientation?	□ Yes	□ No
	Was your formal HR orientation session helpful?	□ Yes	□ No
	Please elaborate?		
2.	Did you undergo a formal director orientation?	□ Yes	 □ No
	Was your formal director orientation helpful? Please elaborate?	□ Yes	□ No
3.	Are you starting to feel comfortable in your new job?	□ Yes	 □ No
	If no, what can be done to help you feel more comfortable?	□ Yes	□ No
4.	Did you receive a job description?	□ Yes	 □ No
	Is the job you are doing different from what was described to yo description?	ou, either verl	oally or on your jol
	,		

Employee initial:	
Probation form	

Yes   No   If no, what additional support or training do you feel you need to become proficient?	Do you feel that you have the knowledge/skills to be proficient at your job?			
6. Has your supervisor spoken with you about your progress to date?     Yes	□ Yes	□ No		
ECTION D: GENERAL COMMENTS  1. Employee comments (please include date; attach additional paper if necessary):	If no, what additional support or training do you feel you need to become profici	ent? 		
Employee comments (please include date; attach additional paper if necessary):		 □ No		
Employee comments (please include date; attach additional paper if necessary):				
	ON D: GENERAL COMMENTS			
2. Evaluator comments (please include date; attach additional paper if necessary):	Employee comments (please include date; attach additional paper if necessary):			
2. Evaluator comments (please include date; attach additional paper if necessary):				
	Evaluator comments (please include date; attach additional paper if necessary):	<del></del>		
mplo		☐ Yes  If no, what additional support or training do you feel you need to become profice  Has your supervisor spoken with you about your progress to date? ☐ Yes  If yes, what was the outcome?  ON D: GENERAL COMMENTS  Employee comments (please include date; attach additional paper if necessary):		

RECOMMENDATION	to be completed only at last evaluation bef	ore end of probationary period:
$\hfill\Box$ I recommend that	this probationary employee be permanently	employed
	the probationary period be extended by asurable outputs/targets must be defined for f the probation.	
	nd that this probationary employee be permant procedures be instituted.	anently employed by ACP and that
employee. Employe evaluator and the en	ator and Employee. Evaluators should discusses must always be give a copy of the evaluat mployee should sign the evaluation form. Boaged to include written comments.	ion for their own records. Both the
1 <sup>st</sup> ASSESSMENT		
7 7 6 5 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Evaluator Signature and Date	Employee Signature and Date
2 <sup>nd</sup> ASSESSMENT	Evaluator Signature and Date	Employee Signature and Date
CONFIRMATION OF A	APPOINTMENT	
Recommendation as	above by Director	
Confirmation of the papproved.	Director's Signature permanent appointment of the probationary	Date employee is hereby approved/not
	Approved/Not Approved	Date
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