



PROBATIONARY EVALUATION FORM

Meets performance requirements at the time of evaluation?	
Yes	No

Employee Name: _____
 Last Name _____ First Name _____ M.I. _____

Position Title: _____ Employee ID: _____

Department: _____ Division: _____

Date of Hire: _____ 1st month Review _____ 5th month review _____ Next Review Date: _____

Performance Standards:

M – Meets: Performance meets job requirements, demonstrates productivity, effectiveness, and competency.

N – Needs Improvement: Performance does not consistently meet all job requirements; improvement is necessary to attain expected level of performance.

Elements	M	N	N/A
Quality of Work – Accuracy, thoroughness, and effectiveness of work.			
Quantity and/or Timeliness of Work – Volume produced and prompt completion of assignments.			
Teamwork and Relationships with Others – Cooperates & communicates effectively with others.			
Accountability and Responsibility – Takes ownership for actions.			
Attendance and Punctuality.			

Comments (Attach additional pages as needed)

Employee Name EEID _____ Signature _____ Date _____

Supervisor Name EEID _____ Signature _____ Date _____

Next Level Manager Name EEID _____ Signature _____ Date _____

Reviewed by HR Representative _____ Date _____



Employee's signature confirms discussion, not necessarily agreement. Probationary Evaluation Form – Revised 9/2020.