

PROBATIONARY PERIOD EVALUATION

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____ SS # _____

DEPARTMENT _____ POSITION _____

DATE OF HIRE _____ END PROBATIONARY PERIOD _____

DIRECTIONS - Read the questions below, and check the most appropriate answer. If your response is *At Times* or *No*, please describe the required standard and required improvement.

ITEM	YES	AT TIMES	NO
1. Has the employee met the job requirements?			
2. Has the employee shown an interest in learning new skills?			
3. Has the employee adapted well to the department?			
4. Has the employee exhibited good work and personal behaviors?			
5. Has the employee displayed a positive attitude towards his/her colleagues?			
6. Is the employee a team player?			
7. Is the employee customer service oriented?			
8. Does the employee's work quality meet the job requirements?			
9. Has the employee met the company attendance standards?			
10. Has the employee displayed good safety awareness?			

REVIEWERS COMMENTS

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice. I further understand that failure to improved required elements may result in immediate termination of my employment.

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINT NAME _____

SUPERVISOR SIGNATURE _____ **DATE** _____