

Questionnaire Employee Probation Review

Employee Information

| First Name : | Last Name : |
|--------------|------------------|
| | |
| Position : | Date of Review : |
| | |
| Reviewer : | |

Review Period

Start Date :

End Date :

Part 1

Performance Evaluation

1 - Job Knowledge and Skills

| Understanding of duties and responsibilities | | | | | | | |
|--|------|--------------|-------------------|----------------|--|--|--|
| Excellent | Good | Satisfactory | Needs Improvement | Unsatisfactory | | | |
| Application of knowledge and skills | | | | | | | |
| Excellent | Good | Satisfactory | Needs Improvement | Unsatisfactory | | | |
| Comments | | | | | | | |
| | | | | | | | |

2 - Quality of Work

Accuracy and thoroughness Excellent Good Satisfactory Needs Improvement Unsatisfactory Attention to detail Excellent Good Satisfactory Needs Improvement Unsatisfactory Excellent Good Satisfactory Needs Improvement Unsatisfactory Comments Image: Comment set of the set of t

3 - Productivity and Efficiency

Meeting deadline Excellent Good Satisfactory Needs Improvement Unsatisfactory Managing workload Excellent Good Satisfactory Needs Improvement Unsatisfactory Comments Comments Excellent Excellent Satisfactory Needs Improvement Unsatisfactory

4 - Communication and Teamwork Interaction with colleagues Excellent Good Satisfactory Needs Improvement Unsatisfactory Interaction with supervisors Excellent Good Satisfactory Needs Improvement Unsatisfactory

5 - Dependability and Punctuality

Attendance

| Excellent | Good | Satisfactory | Needs Improvement | Unsatisfactory |
|--------------------------|------|--------------|-------------------|----------------|
| Reliability Excellent | Good | Satisfactory | Needs Improvement | Unsatisfactory |
| Comments | | | | |



Strengths

Areas for Improvement

Training and Development Needs

Overall Performance Rating

Excellent Good Satisfactory Needs Improvement Insatisfactory
Reviewer's Comments

Employee's Comments

Part 3 Final Decision

Decision

Confirmed in position

Extended probationary period

Termination of employment

Signatures

Reviewer:

Date :

Employee :

Date:



