Probationary Period Evaluation

Complete this form one to two weeks before the probationary period ends so there is time to act on the result. Rate each area and give at least one specific example. Rating scale: Exceeds = consistently above the standard expected at this point; Meets = at the standard expected at this point; Below = not yet at the standard expected at this point.

EMPLOYEE DETAILS

Employee name

Job title

Department

Manager

Start date

Probationary period end date

Review stage

☐ 30-day check-in ☐ 60-day check-in ☐ Final probation review
☐ Review of extended probation

PERFORMANCE RATINGS

Job knowledge and skills

☐ Exceeds ☐ Meets ☐ Below

Quality of work

☐ Exceeds ☐ Meets ☐ Below

Productivity against ramp-up targets

☐ Exceeds ☐ Meets ☐ Below

Learning speed and response to feedback

☐ Exceeds ☐ Meets ☐ Below

Communication and teamwork

☐ Exceeds ☐ Meets ☐ Below

Following policies, procedures and safety rules

☐ Exceeds ☐ Meets ☐ Below

Examples supporting the ratings

ATTENDANCE AND PUNCTUALITY

Unplanned absences during probation (excluding legally protected leave)

Late arrivals or early departures

Attendance rating

☐ Exceeds ☐ Meets ☐ Below

Comments

GOALS AND TRAINING

Onboarding or 30-60-90 day goals and results

Required training and certifications completed

☐ All complete ☐ Partly complete ☐ Not complete

Outstanding training and due dates

SUMMARY

Main strengths

Areas to develop

Employee's own view of the first months (from the review discussion)

DECISION

Outcome

☐ Confirm: probation successfully completed ☐ Extend probation ☐ End employment

If extended: new end date

If extended: specific targets to meet and support to be provided

If ending employment: reasons, with reference to the ratings and examples above

Effective date of decision

☐ HR reviewed decision

NOTE ON EMPLOYMENT STATUS

Completing the probationary period does not create a contract of employment for any fixed term or change the at-will nature of employment, where applicable. [Edit this note for jurisdictions or collective agreements where different rules apply.]

SIGNATURES

Employee comments (optional)

Employee signature (confirms the review was discussed)

Date

Date

Manager signature

Date

Date

HR signature

Date

Date