Probation Period Feedback Form

Employee Name
Employee ID
Department
Designation
Reviewer Name
Review Date
Performance Evaluation
Quality of Work
Productivity
Attendance & Punctuality
Teamwork and Collaboration
Teamwork and Collaboration

Initiative and Learning

Overall Feedback	
Key Strengths	
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Areas for Improvement	
7 Hodd for improvement	
<u>Probation Recommendation</u>	
December	
Recommendation	
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Additional Comments	