## **Mid-Probation Check-In Form**

## **Employee Information**

Employee Name	
Job Title	
Department	
O many in an Name	
Supervisor Name	
Date of Check-In	
Performance & Progress	
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Summary of Performance	
Progress on Objectives/Goals	
Key Strengths	
Areas for Improvement	
Areas for Improvement	

## **Support & Development**

Support Needed

Training/Development Required		
Comments		
Employee Comments		
Supervisor Comments		