

# Supervisor Probation Review Form

Employee Name

Position

Department

Supervisor Name

Review Date

Probation Start Date

Probation End Date

## 1. Attendance and Punctuality

## 2. Quality of Work

## 3. Job Knowledge

**4. Communication Skills**

**5. Teamwork and Collaboration**

**6. Initiative and Problem Solving**

**7. Areas for Improvement**

**8. Supervisor's Overall Assessment**

Probation Outcome

Supervisor Signature

Date