Probationary Evaluation Form

Employee Information

Employee Name
Job Title
Department
Evaluator Name
Date of Evaluation
Probation Period (From - To)

Performance Criteria

Criteria	Rating	Comments
Quality of Work		
Quantity of Work		
Attendance & Punctuality		
Teamwork		
Communication Skills		

Initiative		•		
Overall Commo	ents			
Recommendati	on			
				▼
Employee Com	nments			
Evaluator Signature				
Date				
Employee Signature				
Date				