

# Management Probation Evaluation

Employee Name:

Position:

Department/Team:

Date of Evaluation:

Evaluation Period:

Evaluator Name & Role:

## Performance Criteria

Criteria	Comments / Evidence	Rating (1-5)
Work Quality		
Productivity		
Team Collaboration		
Initiative & Learning		
Communication		
Attendance & Punctuality		
Organizational Fit		

## Strengths

## Areas for Improvement

## Overall Recommendation

☐ Confirm Employment

- ☐ Extend Probation
- ☐ Terminate Employment

**Evaluator's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_