

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: _____