

# New Staff Probationary Progress Review Form

Staff Name

Position Title

Department

Start Date

Review Date

Reviewer Name

## 1. Job Knowledge / Skills

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Comments

## 2. Quality of Work

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Comments

## 3. Work Habits

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Comments

## 4. Interpersonal Skills

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Comments

## 5. Overall Performance Summary

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Comments

## 6. Recommendations

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Select one

-- Select --

Comments / Action Plan

Reviewer Signature

---

Date

Staff Signature

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Date