

Six-Month Probation Evaluation Sample

Date: _____

Employee Name: _____

Position/Title: _____

Department: _____

Supervisor: _____

Evaluation Criteria

Criteria	Unsatisfactory	Needs Improvement	Satisfactory	Exceeds Expectations
Quality of Work				
Productivity				
Attendance & Punctuality				
Initiative				
Communication Skills				
Teamwork				
Adaptability				

Comments

(Please provide specific examples regarding employee's performance, strengths, and areas for improvement.)

Recommendation

☐ Continued Employment Recommended

☐ Extension of Probation Recommended

☐ Termination Recommended

(If extension or termination is recommended, please explain below.)

Supervisor Signature

Date: _____

Employee Signature

Date: _____

(Employee signature indicates that this evaluation has been discussed. It does not necessarily signify agreement.)