

# 9 MONTH PROBATIONARY PERFORMANCE EVALUATION REPORT

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

<b>SECTION A:</b> <b>Check the employee's performance on each of the following:</b>	Not Satisfactory Requires Improvement	Satisfactory Performance	Exceptional Performance	Does Not Apply
Observance of Work Hours				
Attendance/Punctuality				
Compliance with Rules				
Knowledge of Work				
Work Judgment				
Planning and Organizing				
Job Skill Level				
Quality of Work				
Volume of Acceptable Work				
Meeting Deadlines				
Accepts Directions				
Accepts Responsibility				
Accepts Change				
Effectiveness Under Stress				
Initiative				
Safety Practices				
Public Contact				
Student Contact				
Employee Contact				
Instructing (Students)				
Scheduling (Students)				
Operation and Care of Equipment				
Additional Factors:				
1:				
2:				
3:				

**Section B:**

Record job strengths.

---

---

---

**Section C:**

Record progress achieved in attaining work goals.

---

---

---

**Section D:**

Record goals or improvement programs to be undertaken.

---

---

---

**Section E:**

Record work performance deficiencies or job behavior requiring improvement.  
(Explain checks in Section A.)

---

---

---

Overall Performance:

\_\_\_\_\_ Not Satisfactory

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Requires Improvement

\_\_\_\_\_ Exceeds Standards

Supervisor: I recommend that this employee be

\_\_\_\_\_ granted permanent status

\_\_\_\_\_ **DENIED** permanent status

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Reviewed in Human Resources by: \_\_\_\_\_ Date: \_\_\_\_\_