Probationary Review Forms

**PART 1: Initial meeting:** This section should be completed by the line manager and employee as soon as possible after starting in post.

**SECTION A: Expectations and Objectives:** *The line manager should identify specific expectations and objectives to be achieved during the probationary period.*

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**SECTION B: Development Plan:** *To support the employee in achieving these objectives, the line manager should identify any training and development needs and specify how and when these needs will be addressed during the probationary period*.

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| **Employee’s Signature:** |  |
| **Manager’s Signature:** |  |
| **Date:** |  |

**Part 2:**

**3 Month Review:** To be completed by the line manager in discussion with the employee

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| --- | --- | --- | --- | --- |
| *(please tick)* | **Improvement****required** | **Satisfactory** |  **Good** | **Excellent** |
| **Quality and accuracy of work** |  |  |  |  |
| **Efficiency** |  |  |  |  |
| **Attendance** |  |  |  |   |
| **Time Keeping** |  |  |  |   |
| **Work relationships (team work****and interpersonal communication skills)** |  |  |  |  |
| **Competency in the role** |  |  |  |  |
| **Other role specific (to be****specified)** |  |  |  |  |
| **If any areas of performance, conduct or attendance require improvement please provide details below.** |
| **Where concerns have been identified, please summarise how these will be addressed during the remaining period of probation.** |
| **Summarise the employee’s performance and progress over the period** |

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| --- | --- | --- | --- |
| **Have the objectives identified for this period of the probation been met?** | **YES / NO** | **If NO, what further action is required?** | **Review Date** |
|  |  |
| **Have the training / development needs identified for this period of the probation been addressed?** | **YES / NO** |  |  |
| **Employee’s Signature:** |  |
| **Manager’s Signature:** |  |
| **Date:** |  |

**PART 3: Final Review**

To be completed by the line manager in discussion with the employee.

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| ***(please tick)*** | **Improvement Required** |  **Satisfactory** |  **Good** |  **Excellent** |
| **Quality and accuracy of work** |  |  |  |  |
| **Efficiency** |  |  |  |  |
| **Attendance** |  |  |  |  |
| **Time Keeping** |  |  |  |  |
| **Work relationships (team work and interpersonal communication skills)** |  |  |  |  |
| **Competency in the role** |  |  |  |  |
| **Other role specific** |  |  |  |  |
| **Have the objectives identified for the probationary period been met?** | **YES / NO** | **If NO, please provide details** |
|  |
| **Have the training /****development needs identified for the probationary period been addressed?** | **YES / NO** |  |
| **Summarise the employee’s performance and progress over the period** |
| **Is the employee’s appointment to be confirmed?** | **YES / NO** |
| **If NO, please provide reasons below and summarise what action has been taken to address any difficulties, which have arisen during the probationary period.** |
| **The employee may provide any comments about their experience of the probationary process here.** |
| **Should the employee’s probation period be extended?** | **YES / NO** |
| **If YES, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored.** |
| **Length of the extension (max 3 months)** |  |
| **New Probation Period completion date:** |  |
| **Employee’s signature:** |  |
| **Manager’s signature:** |  |
| **Date:** |  |
| **Date letter issued to confirm probation outcome:** |  |