

## PROBATION ASSESSMENT FORM

### Completion of 6 months / Confirmation

Name Of Employee:		Date Of Joining:	
Job Title:		Department:	

### AREA FOR REVIEW:

- Employee **Assessment Parameters** during the probationary period with respect to his/her job requirements set out in the job description?

### PERFORMANCE RATING:

1    Excellent:                      2    Good                                      3    Satisfactory                                      4    Unsatisfactory

Assessment Parameters	1	2	3	4	Comments
Knowledge of job					
Quality of work					
Achievement-Oriented					
Ability To Learn					
Work Attitude and Co-operation					
Ability To work Independently					
Reliability					
Initiative					

- Are there certain areas where the employee excels? **Specify:**

---



---

- Are their areas where improvement is desirable? **Specify:**

---



---

## **SELF ASSESSMENT**

1. How would you like to build on your success and strengths in the future?

---

2. In what areas would you like further development, coaching or training?

---

3. What more could be done to support you in your job?

---

4. Additional Comments :

---

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

## **EVALUATION:**

1. Do you recommend confirming the employee? **YES / NO**, If **Yes** , Confirmation Date: \_\_\_\_\_

If **NO**, Please specify reasons: \_\_\_\_\_

2. Line Manager's Comments:

---

\_\_\_\_\_  
**Line Manager Signature**

\_\_\_\_\_  
**HR Department Signature**

\_\_\_\_\_  
**General Manager Signature**

3. Human Resource Director's Comments:

---

\_\_\_\_\_  
**HRD Signature**