



UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
PROBATIONARY PERIOD EVALUATION FOR ALL EMPLOYEES

Employee Name: _____

Employee ID: _____

Department: _____

Supervisor ID: _____

☐ 6 month initial probationary period

3 month probationary period for transferred employee

The probationary period for the above-named employee will end on _____. This form must be completed, discussed with the employee, and returned to Human Resources prior to the end of the Probationary Period. Please use the back of this form, if necessary, for additional comments.

Check the Most Appropriate Box	Does Not Meet Standards (DN)	Needs Improvement (NI)	Meets Most Expectations/ Needs Some Improvement (M/N)	Meets Expectations (M)	Meets Expectations/ Exceeds Some Expectations (M/E)	Exceeds (E)	Outstanding (O)
1. Quality Of Work: Is work thorough and accurate for length of service?							
2. Quantity and Timeliness of Work: Is an acceptable amount of work accomplished?							
3. Follows Instructions and Regulations?							
4. Application To The Job: Interested, willing and dependable?							
5. Cooperation: Works appropriately with others?							
6. Safety: A safe worker? Follows safe practices in working?							

Attended Necessary Inservice(s): _____ Yes No

7. Specify areas where performance has been acceptable.

8. Specify areas where performance needs improvement.

9. Number of days absent: _____ Number of late arrivals: _____

Recommended for continuing employment?

YesNo

Probationary Period to be Extended

YesNo

If Yes; please contact your HR Employee Relations Consultant

Employee Comments: Please provide any relevant feedback or comments to your reviewer.

Evaluating Supervisor/Department Head comments:

Overall Rating	Does Not Meet Standards (DN)	Needs Improvement (NI)	Meets Most Expectations/ Needs Some Improvement (M/N)	Meets Expectations (M)	Meets Expectations/ Exceeds Some Expectations (M/E)	Exceeds (E)	Outstanding (O)
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Development Plan: Identify and prioritize the specific areas for development, determine the appropriate activity to increase the employee's skill/competencies and/or leverage a proficient skill to overcome a deficiency. It is recommended that the employee draft this plan and then finalize with the manager.

Specific Development Objective	Examples	Target Completion Date

Approvals: (Signature)

Employee:

Date:

Supervisor:

Date:

Department Head:

Date:

* Please provide a copy of signed Performance Appraisal to employee