**Probationary Summary Evaluation**

**Academic Staff & University Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name |  | | Employee ID | |  |
| Employee Title |  | | UDDS | |  |
| Supervisor Name |  | | Meeting Date | |  |
| Position Start Date |  | Probation End Date | |  | |

You are scheduled for your final Probationary performance review on \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_.

Please complete this form and submit this to your supervisor by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Part I – to be completed by Employee:**

Indicate accomplishments since you began in your position:

Indicate progress made towards achieving your original goals:

Suggested goals for upcoming year:

What additional professional development opportunities and/or training would be helpful?

Does your position description accurately reflect the duties of your job? Yes No

If not, what needs to be changed?

Additional comments:

*Please add additional pages as needed*

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |

**Part II – Supervisor’s evaluation:**

Activities and accomplishments since employee began:

Has the employee made satisfactory progress toward achieving original goals? Yes No

Behaviors for success (Attitude, Communication, Dependability, Initiative, Working Relationships, etc):

Goals for upcoming year (consider making goals SMART):

Suggestions for professional development and/or additional training:

Does the employee pass probation: Yes  No (comments required)

Is the employee’s overall job performance meeting expectations?

Exceeds expectations Meets expectations Improvement needed (comments required)

*Please add additional pages as needed.*

*By signing below, the above employee acknowledges receipt of the performance review. The signature does not confirm the employee’s agreement with the content of the evaluation. If the employee wishes to provide a written response to this evaluation, she/he has 30 days from the receipt of the evaluation to submit the response to CALS Office of Human Resources. The response will be added as part of the official evaluation file.*

*Employee signature Date*

*Supervisor Signature Date*

*Please send a copy of this form to your unit’s administration and to CALS Human Resources.*