

Probationary Period Check-In



Dates

- Position Start Date:
- Review Period: 30-Day 60-Day
- Date of Review:

Employee Information

- Employee Name:
- ID (800#):
- Position Title:
- Department:
- Supervisor Name:

Performance Feedback

Strengths Observed

Areas for Growth / Focus

Performance Discussion

Check the option that best reflects performance at this stage.

Area	On Track	Needs Focus	Not Applicable
Job Knowledge & Skills			
Quality of Work			
Productivity & Timeliness			
Communication			
Teamwork & Collaboration			
Professionalism & Conduct			
Dependability			

If **Needs Focus** is selected, please provide a brief summary of recommended actions or next steps to support growth.

Training and Support Needs

Additional training, guidance, or resources recommended:

Supervisor Comments

Supervisors should retain a copy of this in departmental files and share a copy with the employee.