



Probation Monthly Review Form

Month number :

Employee Name	
Job Title	
Service Area	
Start date	
Manager	
Review Date	

Please use the scale below to rate the employee.

I – Improvement
Required

A - Average

G – Good

E - Excellent

If any of the sections are not applicable to your role, please put N/A

Flexibility E Time management E Communication G Service User Interaction (SUI) G

Teamwork E Person Centred E Understanding of Policies and Procedures G

Report writing G Following the Care Plan G Implementation of Training G

Punctuality G Initiative G Personal appearance G Attendance G

Effort & enthusiasm G Confidentiality G Guide Working N/A

Employees Feedback:

Performance feedback – Outline areas where employee is performing well.

Comments where areas require improvement. Give details below:

Actions :
-
Has the Employee made sufficient progress on the Care Certificate?

Employees Signature	
Supervisors Signature	
Date	

Month 5 Review only

Has the employee completed the Care Certificate	N/A	YES	No
Is the employee's appointment to be confirmed?		YES	No
If Yes, contact HR for Successful Probation Period letter			
If No, give details of concerns and schedule a Probation Period Hearing date:			
Date of Probationary Period Hearing:			
Employees Signature			
Manager's Signature			
Date			