

APPENDIX D PROBATIONARY PERIOD REVIEW FORM
NSCAD University

Name of Employee	Position	Start Date:
		Return Form by:
		<input type="checkbox"/> Two (2) month review <input type="checkbox"/> Four (4) month review
Department	Review Period	

The probationary period review form is provided to Immediate Supervisors (Responsible Manager if there is no Immediate Supervisor) to assess the progress of new Employees. At the end of two months, the Immediate Supervisor will receive this form and will meet with the Employee to discuss his/her progress and the required areas for improvement.

When responding to the items below, please consider the duties outlined in the Job Description.

JOB REQUIREMENTS	EVALUATION RATING check the appropriate rating		
1. attendance	MEETS expectations		DOES NOT MEET expectations
2. job knowledge	MEETS expectations		DOES NOT MEET expectations
3. quality and quantity of work	MEETS expectations		DOES NOT MEET expectations
4. judgement/decision making	MEETS expectations		DOES NOT MEET expectations
5. motivation and initiative	MEETS expectations		DOES NOT MEET expectations
6. responsibility	MEETS expectations		DOES NOT MEET expectations
7. conduct and relationships with Immediate Supervisor, Responsible Manager, co-workers and faculty	MEETS expectations		DOES NOT MEET expectations

If aspects of the Employee's work performance **have not met** the requirements of the position, list them below. List SPECIFIC goals for improving the Employee's work performance and skill development.

Requirements for successful completion of Probationary Period:

TARGET DATE for the attainment of these goals	day	month	year
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Comments Section:
Faculty in the area in which the Employee works, if required, as per Article 14:

..... Immediate Supervisor (where applicable) Responsible Manager

..... Employee Date

My signature acknowledges that I have been informed of my performance ratings.

completed after 4th month review

Does the Dean anticipate:

Confirmation

Release