



## Probation Review Form

<b>Employee's Name</b>		
<b>Job Title</b>		
<b>Start Date</b>		
	<b>Date due</b>	<b>Completed (please tick)</b>
<b>Initial Meeting</b>		<input type="checkbox"/>
<b>3 weeks Review</b>		<input type="checkbox"/>
<b>6 weeks Review</b>		<input type="checkbox"/>

### Initial Meeting

**This section should be completed by the line manager within a week of the employee commencing their appointment to agree objectives, expectations and development.**

**Section A: Objectives or Outcomes** – to be achieved during probationary period, including indicators of success

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**Section B: Development Plan** – to support the employee in achieving the objective and outcomes outlined above, e.g. safeguarding training  
Specify how and when these needs will be addressed during the probationary period

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<b>Employee's Signature</b>	
<b>Manager's Signature</b>	
<b>Date</b>	

## First Review (3 weeks)

To be completed by the line manager **in discussion with the employee.**

	Improvement Required	Satisfactory	Good	Excellent
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationships (with colleagues, children, parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency in the role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any areas of performance, conduct or attendance require improvement please provide details below.				
Where concerns have been identified, please summarise how these will be addressed during the period of probation.				
Summarise the employee's performance and progress over this period.				
Have the objectives identified for this period of probation been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what further action is required?	Review Date	
Have the training/development needs identified for this probation period been addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee's Signature				
Manager's Signature				
Date				

## Final Review (6 weeks)

To be completed by the line manager **in discussion with the employee.**

	Improvement Required	Satisfactory	Good	Excellent
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationships (with colleagues, children, parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency in the role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the objectives identified for the probationary period been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide details below:		
Have the training/development needs identified for the probationary period been addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Summarise the employee's performance and progress over the period				
Is the employee's appointment to be confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please provide reasons below and summarise what action has been taken to address the difficulties which have arisen during the probationary period.				
FUN IN SCHOOL HOLIDAYS				
Should the employee's probationary period be extended?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored.				
Length of extension (if applicable)				
New probation completion date (if applicable):				
Employee's Signature:				
Manager's Signature:				
Date:				