



90 DAY PROBATIONARY EMPLOYEE PERFORMANCE EVALUATION

Employee Name: _____ **School Site:** _____

Classification: _____ **Last Day of Probation:** _____

Instructions to the Evaluator: Evaluators should refer to the employee's job description when completing this form; the evaluation should focus on the employee's ability to perform the job duties listed in the job description. Employees should be evaluated three times –at one month, two months, and one other time before the end of the probationary period. Indicate the evaluation of the employee's job performance by writing a number between 1 and 3 on the blank line to the right of each attribute, in the appropriate column (depending on whether this is the one month, two month, or final evaluation of the employee). Use the following scale:

1 = Unacceptable

2 = Needs Improvement

3 = Satisfactory

See the reverse side of this form for additional comments to the evaluator and the employee.

ATTRIBUTE	30 DAYS	60 DAYS	FINAL (90 DAYS)
	DATE		
QUANTITY OF WORK The extent to which the employee accomplishes assigned work of a specified quality within a specified time period			
QUALITY OF WORK The extent to which the employee's work is well executed, thorough, effective, accurate			
KNOWLEDGE OF JOB The extent to which the employee knows and demonstrates how and why to do all phases of assigned work, given the employee's length of time in his/her current position			
RELATIONSHIP WITH SUPERVISOR The manner in which the employee responds to supervisory directions and comments. The extent to which the employee seeks counsel from supervisor on ways to improve performance and follows same			
COOPERATION WITH OTHERS The extent to which the employee gets along with other individuals. Considers the employee's tact, courtesy, and effectiveness in dealing with co-workers, subordinates supervisors, and customers			
ATTENDANCE AND RELIABILITY The extent to which employee arrives on time and demonstrates consistent attendance; the extent to which the employee contacts supervisor on a timely basis when employee will be late or absent			
INITIATIVE AND CREATIVITY The extent to which the employee is self-directed, resourceful, and creative in meeting job objectives; consider how well the employee follows through on assignments and modifies or develops new ideas, methods, or procedures to effectively meet changing circumstances			
CAPACITY TO DEVELOP The extent to which the employee demonstrates the ability and willingness to accept new/more complex duties/responsibilities			

Comments to the Evaluator and Employee: Evaluators should discuss the evaluation results with the employee. At a minimum, employees must be given a copy of the evaluation for their own records. Both the evaluator and the employee should sign the evaluation form. The employee signature indicates only that the employee received a copy of the evaluation. It does not necessarily signify employee concurrence. Both employees and evaluators are strongly encouraged to include written comments. At the final, evaluation only, after the employee signs the form, the evaluator should give one copy to the employee, retain one copy for department files and forward one copy to: The Central Office / Child Nutrition Program Human Resource Manager.
***Note: Attach all documentation.**

**ONE MONTH
EVALUATION**

(Evaluator Signature and Date)

(Employee Signature and Date)

**TWO MONTH
EVALUATION**

(Evaluator Signature and Date)

(Employee Signature and Date)

**FINAL
EVALUATION**

(Evaluator Signature and Date)

(Employee Signature and Date)

Employee Comments (please include date; attach paper if necessary):

Evaluator Comments (please include date; attach paper if necessary):

TO BE COMPLETED ONLY AT FINAL EVALUATION BEFORE END OF PROBATIONARY PERIOD:

- ☐ I recommend this probationary employee become permanent and continuous.
- ☐ I recommend this probationary employee be dismissed before the end of the probationary period. All required documentation is attached.
- ☐ Employee resigned before completion of probationary period. (It is important that the HR Specialist at the Child Nutrition Program office receives this form even if employee has resigned.)

Evaluator Signature

Date