

Mid-Probation Performance Evaluation Form

Bengal Foundation and Related Concerns

Business Unit: _____

Employee Information			
Name		ID #	
Designation		Department	
Date of Joining		Confirmation Due Date	
Assessor		Assessor's Designation	

Performance Rating/Scoring Criteria	
5 = Outstanding Performer (Constantly exceeds position requirements – i.e. more than 125%) 4 = Superior Performer (Constantly meets and occasionally exceeds position requirements – i.e. up to 125%) 3 = Competent Performer (Meets the position requirements – i.e. 100% achievement) 2 = Requires Improvement (Occasionally does not meet minimum position requirement) 1 = Unacceptable performer (Does not meet minimum position requirement)	* Fraction is not acceptable

SL#	Areas of Evaluation	Ratings				
		1	2	3	4	5
		Unacceptable Performer	Requires Improvement	Competent Performer	Superior Performer	Outstanding Performer
01	Job Knowledge & Skills					
02	Quality of Work					
03	Initiative & Motivation					
04	Productivity					
05	Teamwork					
06	Dependability					
07	Communication Skills					
08	Discipline					
09	Relation with Other					
10	Attendance					

Overall Performance Level Scale (based on total score)	10 Unacceptable Performance	11-20 Requires Improvement	21-30 Competent Performer	31-40 Superior Performer	41-50 Superior Performer
---	---------------------------------------	--------------------------------------	-------------------------------------	------------------------------------	------------------------------------

Total Score	
Signature of Assessor/ Supervisor	

Mid-Probation Performance Evaluation Form

Recommendation by Assessor/ Supervisor	
Improvement Areas	Suggestion/Recommendation
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Has the assessment been communicated to the employee by the assessor/ supervisor through a discussion? (√ Below)

☐ **Yes**
☐ **No**

If Yes; Date of Discussion

Comments and signature by Assessor/ Supervisor	

Assessor/ Supervisor's Signature		Name	
Designation		Date	

Department Head's Signature (if applicable)		Name	
Designation		Date	

Comments with signature by Head of Concerned Unit/ Business Unit