

THE UNIVERSITY OF RHODE ISLAND

NON-CLASSIFIED

SIX/TWELVE-MONTH PROBATIONARY PERFORMANCE EVALUATION

Purpose:

This evaluation documents the employee’s performance during the six/twelve-month probationary period. It assesses effectiveness, conduct, and readiness to successfully complete probation. Comments should be factual, concise, and supported by examples.

SECTION I – EMPLOYEE INFORMATION

Employee Name:	
Title:	
Department:	
Supervisor:	
Hire Date:	
Evaluation Date:	

- 6 months review
- 12 months review

INSTRUCTIONS:

The purpose of an evaluation is to review an employee’s performance in relation to their specific job responsibilities, to assess how their performance aligns with supervisory expectations, and to identify areas for improvement and future development.

Please be thorough when commenting on the evaluation factors that follow. Use specific examples whenever possible to support your observations. If any factor does not apply to the role being evaluated, please indicate “N/A” following the description.

Please call Donte Brame x4-5866 with any questions.

SECTION II – OVERALL PERFORMANCE SUMMARY

Provide a concise summary of overall performance, including progress since hire, consistency in meeting expectations, and alignment with role responsibilities.

Comments:
--

SECTION III – CORE PERFORMANCE FACTORS

Rating Scale: 4 - Exceeds Expectations

 3 - Meets Expectations

 2 - Needs Improvement

 1- Unsatisfactory

Job Effectiveness & Quality of Work	Rating:
Comments: 	
Reliability & Accountability	Rating:
Comments: 	
Attendance	Rating:
Comments: 	
Adaptability & Learning	Rating:

Comments:	
Communication	Rating:
Comments:	
Initiative & Problem Solving	Rating:
Comments:	
Professionalism & Interpersonal Relations	Rating:
Comments:	
Growth & Development	Rating:
Comments:	
Leadership / Managerial Skills (if applicable)	Rating:
Comments:	

SECTION IV – KEY STRENGTHS

Comments:

SECTION V – AREAS FOR IMPROVEMENT & ACTION PLAN

*Please attach the agreed-upon action plan outlining steps to address the identified concerns.

SECTION VI – PROBATIONARY RECOMMENDATION

- Successful completion of probation (12 months)
- Extension of probation (with conditions)(Please submit executed MOA)
- Does not meet probationary standards

Supervisor Justification (required):

SECTION VII – EMPLOYEE ACKNOWLEDGMENT

I acknowledge this evaluation has been reviewed and discussed with me. My signature does not indicate agreement.

- No employee comments
- Employee comments attached

SIGNATURES

Supervisor Signature / Date	
Employee Signature / Date	
Human Resources Signature / Date	