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**Probation Assessment Form**

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| **Staff Member** |  |
| **ID Number** |  |
| **Job Title** |  |
| **Unit/School/Discipline** |  |
| **Date of Commencement** |  |
| **Date of Review** |  |

***Please tick as appropriate:***

☐ Objective Setting ☐ Mid Term Review ☐Final Review

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| **Setting Objectives**  ***If this is the first meeting, please only complete this section.*** | | | |
| **Section Guide Notes:**  This section should be drafted in line with the job description for the role. | | | |
| **Objective** | **Actions to Progress Objectives** | | Timelines for Completion |
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| **What obstacles or issues do you feel may prevent you from achieving your objectives?** | | **How will you overcome these obstacles?** | |
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| **Any other comments:** | | | |
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| **Induction & Training** | |
| **Is the staff member satisfied with the Induction process to date?** | Yes  No |
| **Note any actions agreed:** | |
| **Has an agreed training plan been implemented?** | Yes  No |
| **Note any actions agreed:** | |
| **Has the training received to date been satisfactory?** | Yes  No |
| **Note any actions agreed:** | |

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| **Performance** | | |
| **Has the staff member displayed a satisfactory understanding of all the duties assigned to date?** | Yes  No | |
| **Note any actions agreed:** | | |
| **Please tick as appropriate in relation to the performance and behaviour of the staff member in line with their objectives.** | **Exceeding requirements** |  |
| **Meeting requirements** |  |
| **Not yet meeting requirements\*** |  |
| **\*Please provide details below if not yet meeting requirements:** | |
| **Have the job expectations of the staff member been met?** | Yes  No  **Please comment:** | |
| **Note any actions agreed:** | | |

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| **Attendance** | |
| **Has attendance to date been satisfactory?** | Yes  No  No. of Absences:  Certified ( ) Uncertified ( ) Other: ( )  **Please comment:** |

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| **Declaration**  We confirm that the above probation review meeting has taken place and that we have agreed the action plans as indicated**.** | |
| **Signed:**  *Staff Member* | **Date:** |
| **Signed:**  *Line Manager* | **Date:** |

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| **Recommendation**  *N.B. Only for completion following Final Review Meeting* | |
| Following completion of the above Final Probation Review meeting, in accordance with University of Galway procedures, I wish to recommend that:  *The appointment of the above named should be* ***confirmed***  *The appointment of the above named should be* ***terminated***  *The appointment of the above named should be* ***extended*** | |
| **If extending specify length of extension date and specific reasons for extension:** |  |
| **Signed:**  *Line Manager* | **Date:** |

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| **For HR Use Only: -**  I have reviewed the file and I am satisfied  I am not satisfied  that University of Galway Probation Procedures have been followed and that the recommendation of the Line Manager is justified and supported by appropriate evidence.  **I approve  I do not approve  the above recommendation**  **Signed: Title:**  **HR Office Date:** |

**Following the mid-term review and then the final review please send all Probation Assessment Forms to** [**probationforms@universityofgalway.ie**](mailto:probationforms@universityofgalway.ie)