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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**