

Probation Assessment Form

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			
_ = ===================================				
Setting Objectives				
If this is the first meeting, please	only complete this s	ection.		
Section Guide Notes:				
This section should be drafted in I	ine with the ioh desc	cription for the	role	
This section should be draited in	and with the job desc		. 10101	
Objective	Actions to Prog	ress	Timelines for Completion	
	Objectives		7 17 17 17 17 17	
	•			
What obstacles or issues do you		How will yo	ou overcome these obstacles?	
prevent you from achieving yo	our objectives?			



Any other comments:			
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:			
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 requi	rements	
	Meeting require	ments	



	Not yet meeting requirements*
	*Please provide details below if not yet meeting requirements:
House the interpretations of the staff means have	Maria D. Maria
Have the job expectations of the staff member been met?	Yes □ No□
	Please comment:
Note any actions agreed:	
Attendance	
Has attendance to date been satisfactory?	Yes □ No□
	No. of Absences:
	Certified () Uncertified () Other: ()
	Please comment:
Declaration	
We confirm that the above probation review mee	eting has taken place and that we have agreed
the action plans as indicated.	
Signed: Staff Member	Date:
Signed: Line Manager	Date:
Line Munuger	



Recommendation				
N.B. Only for completion following Final Review Meeting				
Following completion of the above Final Probation of Galway procedures, I wish to recommend that:	•			
The appointment of the above named should be confirmed \Box				
The appointment of the above named should be terminated \Box				
The appointment of the above named should be extended \Box				
If extending specify length of extension date				
and specific reasons for extension:				
Signed:	Date:			
Line Manager				
For HR Use Only: -				
16. 1 332 3 y .				
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:			
LIP Office	Date:			

Following the mid-term review and then the final review please send all Probation Assessment Forms to probationforms@universityofgalway.ie