**Introductory Period Performance Evaluation**

**Employee Name:**

**Date of Hire:**

**Position:**

The initial three months of employment shall be considered an introductory period for all employees. Based on a positive evaluation, the employee will attain regular status.

If performance is not totally satisfactory, as clearly indicated in the evaluation, a recommendation to terminate employment or extend the Introductory may be made. If the introductory period is extended, a specific time frame will be noted, specific goals will be determined, and additional training will be provided. If at the end of the extended time period, performance is not totally satisfactory, termination of employment will be recommended.

Please note that this does not represent an employment contact and Maine is an at will state. PROMISE reserves the right to terminate employees at any time and for any reason within the confines of the law.

**Teachers, TA,CA, Ed Tech III, Perm Sub must also have 90 day safety check attached to this signed form**

How has the employee accomplished what you would expect after this short period of employment with respect to the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Does not meet**  **Expectations** | **Meets**  **Expectations** | **Exceeds**  **Expectations** |
| Job Knowledge |  |  |  |
| Productivity |  |  |  |
| Quality of Work |  |  |  |
| Work Attitude |  |  |  |
| Initiative |  |  |  |
| Dependability |  |  |  |
| Adaptability |  |  |  |
| Attendance |  |  |  |

How has the employee shown commitment to Agency Pillars after this short period of time

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Does not meet**  **Expectations** | **Meets**  **Expectations** | **Exceeds**  **Expectations** |
| Best Practice |  |  |  |
| Consistency |  |  |  |
| Safety |  |  |  |

Are there certain areas the employee excels?

Are there certain areas where improvement is desirable? ?

What expectations must be met within extension period?

What training will be provided to help staff meet those expectations within extension period?

**Employee Comments and Signature**

Employee may comment on all or any part of the information contained in this document, including the evaluation process. This may include suggestions or ideas for improvement in the agency. If employee does not concur with the evaluation, check the appropriate box and explain reasons for disagreement.

I Understand my job responsibilities performance expectations and the terms and conditions under in which I am expected to work.

I(Do) (Do Not) Concur with my supervisor’s evaluation.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director Initials: \_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you Recommend retaining this employee and moving them to ‘Regular’ employment status? YES  NO

If ‘No’ please select one 45 Day Reevaluation Date:      Termination of Employment Date: