

Employee's Signature

## 90 Day Probationary Evaluation



Employee Name: Hire Date:				
Position: Location:				
Please check applicable key	performance	indicato	rs.	
	<b>F</b>			
		ntisfactory rformance	Continue Progress	Needs Improvement
Demonstrates knowledge of Head Start	10	Hormanec	Trogress	Improvement
Knowledge of company goes beyond area of responsibility	7			
Regularly takes on responsibility for areas beyond basic du	ities			
Has maintained pursuit of own professional development				
Thinks of alternatives when confronted with obstacles				
Remained calm during times of crisis				
Readily assumes responsibility for own actions				
Encourages a child's individual expression				
Maintains confidentiality of protected information				
Provides an appropriate climate for child's development				
Able to recognize and collect pertinent data				
Fully reliable in terms of attendance and punctuality				
Openly communicates and shares knowledge with co-worl	kers			
Is a safety and security advocate for workplace				
Understands the social and economic backgrounds of child	Iren			
Give specific instance(s) where a key performance  Please note action(s) employee took in this evalua  plan.			•	
Supervisors are responsible for recommending probationary period, or to terminate employment  Continue Employment  Extend Probationary Period until:  Terminate Employment	ent. Please ind			

Supervisor's Signature

Date Evaluation Discussed with Employee