

Form - Employee - Probationary Review

Employee Name		Review Date	
Job Title		Managers Name	
Department			

Note: This completed form will be stored electronically on the employee's HR file.

Refer to [HR – Performance Management](#)

Discussion Point	Employee Notes	Manager Notes	Outcome Action
Induction & Onboarding How was your experience with the induction and onboarding process?			
Employment Clarity Are there any aspects of your role or employment at Headway that are unclear?			
Position Description Does your Position Description accurately reflect your role and responsibilities?			

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Discussion Point	Employee Notes	Manager Notes	Outcome Action
Concerns & Blockages Do you have any concerns or face any blockages that affect your performance? (Tools, access, authority)			
Communication Are you receiving regular, clear communication and instructions from your Manager?			
Team Interaction How do you feel about your interactions with other team members? Is there a more effective way to collaborate?			
Training & Clarity Are there any areas that you need additional training, refocusing or clarity?			
Managers Priorities Managers, are priorities being attended to?			

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Policies and Conduct How do you feel about your adherence to Headways policies and expected behaviours (e.g. punctuality, reliability, accountability, Teamwork)			
Additional Items Are there any other topics or concerns you wish to discuss during this review?			

Recommendation

- ☐ **Yes** Recommend proceeding beyond probation
☐ **No** Recommend further review

Employee

Signature

Date

Manager

Signature

Date