

**KHYBER PAKHTUNKHWA
TECHNICAL EDUCATION AND VOCATIONAL TRAINING AUTHORITY**



PROBATIONARY PERIOD - EVALUATION REPORT

Please fill this form after the assigned probation period has been completed by the official/employee and submit to in charge CR dossier. *keep in consideration the significance of choice of marking as per ACR guidelines)*

1- Employee Information					
Name		Designation/BPS			
Dated of Joining		Technology/Trade			
Department / Institute		Section			
Probation period	From:		To:		
Section – 2 to 5 <i>(To be filled in by the Reporting Officer - Please do your initial in check boxes)</i>					
2- Ratings	Poor	Below Average	Average	Good	Very Good
Job Knowledge <i>(The employee possess sufficient knowledge about his job requirement)</i>					
Work Quantity/Load <i>(The employee satisfactorily accomplishes all his/her work assignments within time)</i>					
Work Quality <i>(The employee meets the standards of work)</i>					
Initiative / Creative <i>(The employee takes initiatives for improvement)</i>					
Response to Supervision <i>(The employee wishes to seek supervisory guidance and is highly committed in implementing recommendations)</i>					
Communication Skills <i>(The employee have the ability to express himself/herself effectively, both verbally and in writing)</i>					
Dependability <i>(The employee strives to meet deadlines to accomplish his/her tasks without any follow-up by the superior)</i>					
Punctuality <i>(The employee is punctual and usually ahead of schedule)</i>					
Behavior /Attitude <i>(The employee possess positive attitude towards the management and co-employees and encourages team work)</i>					

3- Evaluation (<i>Initial the most appropriate level</i>)	Not at all satisfied	Partly Satisfied	Satisfied	More than satisfied
4- Recommendation (<i>Initial the most appropriate level</i>)	Extend Probation		Confirm Appointment	Terminate Service

5- Pen Picture (*Additional sheet may be attached, if required*)

Reporting Officer's Signature

(*Must be higher in Grade than the officer/official reported upon*)

Name (in BLOCK letters)

Designation & BPS

Date _____ **20** _____

REMARKS OF COUNTERSIGNING OFFICER

Countersigning Officer's Signature: _____

(*Must be higher in Grade than the Reporting Officer*)

Name (in BLOCK letters): _____

Designation & BPS:

Date _____ **20** _____