



Montana Department of LABOR & INDUSTRY

Governor Steve Bullock
Commissioner Pam Bucy

Business Standards Division

Parole/Probation Officer Evaluation Report

Reporting Period: From ___ / ___ / ___ to ___ / ___ / ___

1. Probationer's Name: _____

2. Place of Employment: _____

3. Evaluation:

(a) Frequency of Meetings or reporting required: _____

(b) Date of Last meeting or report with you: ___ / ___ / ___

(c) Is Licensee complying with all requirements: Yes No

4. Please comment on your assessment of the Licensee's:

(a) Judgment: _____

(b) Attitude: _____

(c) Behavior: _____

(d) Problems: _____

(e) Other: _____

5. Signature of Evaluator: _____

Title: _____ Date: ___ / ___ / ___

Evaluation reports must be submitted to the Board of Nursing to insure Licensee's compliance with the conditions of Licensee's probation.