



Oregon State Board of Nursing

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Nurse Monitoring Program Work Site Monitor Report Form

—CONFIDENTIAL—

Evaluation of: _____ Period From: _____ To: _____

The Oregon State Board of Nursing Monitoring Program requests that the following performance evaluation form be completed by the person directly supervising the licensee and that the form be sent directly to the Oregon Nurse Monitoring Program, Oregon State Board of Nursing.

I have reviewed his/her practice contract and understand it) _____ (initials)

How frequently do you have direct interaction with the licensee in the work setting? _____

Employment Setting:

Name of Employer: _____

Mailing Address: _____ Telephone: _____

Type of Facility: _____

Job Specifications:

Current Position Title: _____ Length in position: _____

Work Hours: _____ Shift: _____

Accomplishment of Job Requirements:	
<ul style="list-style-type: none"> • Quality of work. • Completion of work on time. • Quality of work completed. • Initiative in accepting responsibility. • Ability to handle stressful situations. 	<p style="text-align: center;">Overall Rating (check only one)</p> <input type="checkbox"/> Far Exceeds normal requirements <input type="checkbox"/> Exceeds normal requirements <input type="checkbox"/> Meets normal requirements <input type="checkbox"/> Meets Minimum requirements <input type="checkbox"/> Fails to Meet Minimum Requirements
<p>Job Reliability/Competence:</p> <ul style="list-style-type: none"> • Dependability and reliability regarding work instructions. • Pursuit of efficiency and economy in the use of resources. • Degree of need for supervision. • Efficiency in the use of work time. • Attendance. 	<input type="checkbox"/> Far Exceeds normal requirements <input type="checkbox"/> Exceeds normal requirements <input type="checkbox"/> Meets normal requirements <input type="checkbox"/> Meets Minimum requirements <input type="checkbox"/> Fails to Meet Minimum Requirements
<p>Personal relations:</p> <ul style="list-style-type: none"> • Ability to get along with others in the work unit. • Contributes to the promotion of morale. • Accepts appropriate direction from superiors. • Contributes to the productivity of the work unit. 	<input type="checkbox"/> Far Exceeds normal requirements <input type="checkbox"/> Exceeds normal requirements <input type="checkbox"/> Meets normal requirements <input type="checkbox"/> Meets Minimum requirements <input type="checkbox"/> Fails to Meet Minimum Requirements
<p>Communication Skills:</p> <ul style="list-style-type: none"> • Comprehension of oral and written directions. • Ability to communicate orally and in writing. • Ability to listen and absorb new forms of information. • Knowledge and use of correct means and channels for the communication of notices, complaints, etc. 	<input type="checkbox"/> Far Exceeds normal requirements <input type="checkbox"/> Exceeds normal requirements <input type="checkbox"/> Meets normal requirements <input type="checkbox"/> Meets Minimum requirements <input type="checkbox"/> Fails to Meet Minimum Requirements

Other comments (please use reverse side of form if needed): _____

Signature of Evaluator: _____ Date: _____

Print Name: _____ Title: _____