

Employer Quarterly Evaluation of Performance and Practice

Name: _____ RN ___ LPN ___ CNA ___ APRN ___

Reporting period: _____ to _____

Employer: _____

Contact/Address: _____

Date of Hire: _____

Position: FT: _____ PT: _____ Unit: _____

Shift: _____ Staff: _____ Charge: _____ RCM: _____

On Call Duties: _____

Other: _____

Hours per week: _____ Overtime per week: _____

Second Job: _____ Third Job: _____

Attendance: _____ Annual Evaluation scheduled: _____

Evaluation of Practice/Performance

E= Excellent S=Satisfactory U=Unsatisfactory NA=Not Applicable

- | | |
|------------------------------|-------|
| 1. Adheres to P and P's | _____ |
| 2. Assessment skills | _____ |
| 3. Scope of Practice | _____ |
| 4. Communication skills | _____ |
| 5. Cooperative manner | _____ |
| 6. Documentation skills | _____ |
| 7. Appearance | _____ |
| 8. Medication Administration | _____ |

- 9. Quality of Patient care _____
- 10. Supervision skills _____
- 11. Delegation _____
- 12. Working relationship with Coworkers _____
- 13. Attends Meetings and Inservices _____

Comments: _____

14. Would you recommend additional education for this person? _____

15. Has there been disciplinary or corrective action in the work setting or have you recognized a change in behavior? How does she/he respond to your recommendations or direction?

16. Is this employee struggling in her/his practice with a particular issue? _____

17. What are the strengths of this employee that are significant and valued? _____

Signature and Title: _____

Date: _____ **Telephone No:** _____