

**ARIZONA STATE BOARD OF NURSING
CANDO PROGRAM
4747 North 7th Street, Suite 200
Phoenix, Arizona 85014-3655
(602) 771-7865 FAX (602) 771-7882**

PERFORMANCE EVALUATION REPORT

PARTICIPANT: _____ DATE: _____
 SUPERVISOR: _____ PHONE NUMBER: _____ EXT _____
 FACILITY: _____ UNIT: _____

TIME PERIOD COVERED BY THIS EVALUATION: FROM _____ TO _____

PARTICIPANT INFORMATION:

Has this nurse changed:

- | | | |
|--|-----|----|
| • work location since last evaluation? | YES | NO |
| • shift since last evaluation? | YES | NO |
| • working hours since last evaluation? | YES | NO |
| • type of position since last evaluation? | YES | NO |

If yes to any of the above, please explain: _____

- | | | |
|---|-----|----|
| Does this nurse have access to controlled substances? | YES | NO |
| Does the nurse work <16 hrs per week? | YES | NO |
| Does the nurse work >40 hrs per week? | YES | NO |

General Performance

- | | | |
|--|-----|----|
| 1. Has the nurse been on the unit when scheduled to work? | Yes | No |
| 2. If the nurse has been absent from work, has he or she followed facility policy for notification of illness/absence and shown responsibility in reporting? | Yes | No |
| 3. Has the nurse provided care without errors during this reporting period? | Yes | No |
| 4. Has general nursing documentation been accurate, including documentation of all medications given? | Yes | No |
| 5. Is the amount of controlled substances signed out by this nurse similar to coworkers? | Yes | No |
| 6. Are wasted drugs appropriately witnessed/accounted? | Yes | No |
| 7. Is the amount of wasted controlled substances similar to coworkers? | Yes | No |
| 8. Has the nurse shown an ability to handle stressful situations in a consistent manner? | Yes | No |
| 9. Has the nurse maintained positive peer relationships? | Yes | No |
| 10. Does the nurse present appropriately dressed for work? | Yes | No |
| 11. Is the physical appearance of this nurse the same as last reporting period (eg. physical &/or grooming)? | Yes | No |

- | | | |
|---|-----|----|
| 12. Does the nurse appear comfortable in discussing general recovery issues with those who are aware of their situation at work? | Yes | No |
| 13. In this reporting period, has the nurse been without need for counseling or discipline in the work setting? | Yes | No |
| 14. Does the nurse show an ability for recalling instructions, details, conversations, etc.? | Yes | No |
| 15. Is the nurse able to handle complex assignments and complete her/his work? | Yes | No |
| 16. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mind altering or addictive chemicals, including alcohol? | Yes | No |
| 17. Is this nurse performing duties at the level that he/she is expected to provide? | Yes | No |

If you have answered NO to any of the previous questions, would you please explain more fully below. In addition if there are any other comments you would like to make, please use the space provided or call the CANDO program.

Supervisor's Signature