

**ARIZONA STATE BOARD OF NURSING  
MONITORING PROGRAM  
4747 NORTH 7TH STREET, SUITE 200  
PHOENIX, ARIZONA 85014-3655  
TELEPHONE (602) 771-7800 FAX (602) 771-7882**

**PERFORMANCE EVALUATION REPORT**

PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ EXT \_\_\_\_\_  
 FACILITY: \_\_\_\_\_ UNIT: \_\_\_\_\_

TIME PERIOD COVERED BY THIS EVALUATION: FROM \_\_\_\_\_ TO \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Has this nurse changed:

- |  |     |    |
|--|-----|----|
| • <b>work location</b> since last evaluation?    | YES | NO |
| • <b>shift</b> since last evaluation?            | YES | NO |
| • <b>working hours</b> since last evaluation?    | YES | NO |
| • <b>type of position</b> 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 (please circle accordingly)

	Yes	No
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
18. Is the nurse's quality of work <b>satisfactory</b> ?	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 MONITORING program.

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Supervisor's Signature