

ARIZONA STATE BOARD OF NURSING
CANDO PROGRAM
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Phoenix, Arizona 85014-3655
(602) 771-7865 FAX (602) 771-7882

PERFORMANCE EVALUATION REPORT

PARTICIPANT: _____

EVALUATION PERIOD: _____ to _____

FACILITY: _____ UNIT: _____

SUPERVISOR'S NAME: _____ PHONE NUMBER: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PARTICIPANT UPDATE: Since the last evaluation report, has this nurse changed:

- **work location?** YES NO If yes, explain:
- **shift?** YES NO If yes, explain:
- **working hours?** YES NO If yes, explain:
- **type of position?** YES NO If yes, explain:

Does this nurse handle, administer or access controlled medications? YES NO
How many hours per week is the nurse scheduled to work? _____ Hours
Does the nurse sometimes work more than 40 hours per week? YES NO

GENERAL PERFORMANCE DURING THIS REPORT PERIOD:

- 1 Has the nurse been at work when scheduled? Yes No
- 2 If the nurse has been absent from work, has he or she followed facility policy for notification of absence and shown responsibility in reporting? Yes No NA
- 3 Has the nurse provided care without errors? Yes No
- 4 Has the nurse performed at the level expected without counseling? Yes No
- 5 Is the amount of controlled medications signed out by the nurse similar to coworkers? Yes No NA
- 6 Does the nurse waste drugs (observed/accounted) appropriately and in amounts similar to coworkers? Yes No NA
- 7 Has the nurse shown an ability to handle stressful situations? Yes No
- 8 Has the nurse maintained positive peer relationships? Yes No
- 9 Is the nurse's physical appearance professional and unchanged? Yes No
- 10 Does the nurse appear comfortable discussing general recovery issues with those who are aware of his/her situation at work? Yes No
- 11 To the best of your knowledge, do you believe the nurse is abstaining from mind-altering or addictive substances, including alcohol? Yes No

Please explain any NO answers below and/or enter any other comments regarding this nurse:

