NURSING EMPLOYER PERFORMANCE EVALUATION REPORT

PARTICIPANT: __________________________________ SHIFT: _______________________________
EVALUATION PERIOD: ______________________________ to ________________________________
FACILITY: _________________________________________ UNIT: _______________________
SUPERVISOR’S NAME: __________________________ PHONE NUMBER: ____________________
SUPERVISOR’S SIGNATURE: ________________________________________ DATE: ___________

1. Does this nurse handle, administer or access controlled medications?
☐ YES ☐ NO

If yes, does the nurse waste controlled medications appropriately and in amounts similar to coworkers?
__________________________________________________________

2. How many hours a week does the nurse work?

____________________________________________________

3. Has the nurse been at work when scheduled?
☐ Yes ☐ No

4. 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

5. Has the nurse performed at the level expected without counseling?
☐ Yes ☐ No

Describe interpersonal relationships with co-workers/peers:
___________________________________________________________
___________________________________________________________

Does the nurse conduct themselves professionally?
___________________________________________________________
___________________________________________________________

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