



Clinical Evaluation

Candidate Name _____ Date _____

Reference Name _____ Title _____

Telephone _____ Email _____

Hospital/Facility _____

Address _____

City _____ State _____ Zip _____

Did you have direct supervision over this Candidate? Yes No

Employed From _____ To _____ Currently Employed? Yes No

Position RN OR Tech LPN Other Primary Unit/Specialty: _____

Type of Patients (Example: Cardio, Ortho, Peds vs. Adults) _____ # of Beds _____

Performance/Attributes	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Patient Assessment - Assesses patients in a timely, thorough and individualized manner according to patient need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Collaboration - Works collaboratively with other members of the team to develop an individualized plan of patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/Technical Competency - Performs interventions in a timely, accurate and safe manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate Documentation - Documents the patient care process accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Specific Competency - Demonstrates competency appropriate for assigned patient population including adaptations for age specific care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills - Communicates respectfully and effectively with patients, families, visitors and all facility staff and physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to Policies and Procedures - Adheres to facility policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Attendance - Reports to work on time as scheduled. Notifies immediate supervisor if unable to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism - Exhibits a high level of professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/Adaptability - Exhibits flexibility and adaptability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Leaving _____

Eligible for Rehire? Yes No

Additional Comments _____

Signature _____

Date _____

PLEASE FAX COMPLETED EVALUATIONS TO 888-321-8182