



# 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
<b>Patient Assessment</b> - Assesses patients in a timely, thorough and individualized manner according to patient need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teamwork/Collaboration</b> - 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"/>
<b>Clinical/Technical Competency</b> - Performs interventions in a timely, accurate and safe manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accurate Documentation</b> - Documents the patient care process accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age Specific Competency</b> - Demonstrates competency appropriate for assigned patient population including adaptations for age specific care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills</b> - Communicates respectfully and effectively with patients, families, visitors and all facility staff and physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adheres to Policies and Procedures</b> - Adheres to facility policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reliability/Attendance</b> - Reports to work on time as scheduled. Notifies immediate supervisor if unable to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> - Exhibits a high level of professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility/Adaptability</b> - 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 \_\_\_\_\_