



Clinical Evaluation

Candidate Name _____ Date _____

Reference Name _____ Title _____

Telephone Number _____ 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.			
Teamwork/Collaboration – Works collaboratively with other members of the team to develop an individualized plan of patient care.			
Clinical/Technical Competency – Performs interventions in a timely, accurate and safe manner.			
Accurate Documentation – Documents the patient care process accurately.			
Age Specific Competency – Demonstrates competency appropriate for assigned patient population, including adaptations for age specific care.			
Communication Skills – Communicates respectfully and effectively with patients, families, visitors and all facility staff and physicians.			
Adheres to Policies and Procedures – Adheres to facility policies and procedures.			
Reliability/Attendance – Reports to work on time as scheduled. Notifies immediate supervisor if unable to work.			
Professionalism – Exhibits a high level of professionalism.			
Flexibility/Adaptability – Exhibits flexibility and adaptability.			

Reason for Leaving _____

Eligible for Rehire? Yes No

Additional Comments _____

Signature _____ Date _____