**Performance Evaluation**

- **Name:**
- **Agency:**
- **Unit:**
- **Assignment Date:**
- **Shift:**
- **Facility:**

**Rating Scale:**
- 1 = Unsatisfactory
- 2 = Needs Improvement
- 3 = Fully Competent
- 4 = Exceeds Expectations
- N/A = Not Applicable

**Quality of Work:**
- *Adheres to hospital policy and procedures.*
- *Demonstrates accuracy.*
- *Performs assigned tasks.*

**Nursing Process Implemented with Age Specific:**
- *Completes accurate patient assessments and treatments, reports pertinent findings and takes appropriate action.*
- *Administers medications and treatments as ordered.*
- *Evaluates patient response to medications and treatments.*
- *Evaluates patient care through systematic assessment of patient outcomes.*
- *Demonstrates effective communication skills.*
- *Provides nursing interventions appropriate to patient assessment.*
- *Maintains a clean, safe environment for patient care.*
- *Delivery of care is developmentally appropriate.*

**Documentation:**
- *Initiates and/or updates care plans.*
- *Documentation is accurate and appropriate and completed in a timely manner.*
- *Attention to detail.*

**Personal:**
- *Appearance and dress.*
- *Punctuality and attendance.*
- *Attitude.*
- *Initiative.*
- *Recognizes limitations.*
- *Treats patients and families with respect and courtesy.*
- *Exhibits teamwork and cooperation with work group and hospital staff.*
- *Flexible with schedule.*

**Please Circle and Rank Population Served:**
- Neonatal: 1 2 3 4
- Infant/Child (0-11): 1 2 3 4
- Adolescent (12-18): 1 2 3 4
- Adult: 1 2 3 4
- Geriatric: 1 2 3 4

**Additional Comments:**

**Eligible to Return:**
- Yes
- No

**Evaluator's Signature/Title:**

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Date: ____________