**AzHHA Service Corporation**
**The Registry Program**

# PERFORMANCE EVALUATION
# LICENSED NURSING PERSONNEL

**ASSIGNMENT DATE:** _____

**NAME:** _____ **AGENCY:** _____

**SHIFT:** _____ **FACILITY:** _____ **UNIT:** _____

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**RATING SCALE:**

| | | |
|---|---|---|
| 1 = Unsatisfactory | 3 = Fully Competent | N/A = Not Applicable |
| 2 = Needs Improvement | 4 = Exceeds Expectations | |

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## QUALITY OF WORK:       RATING       COMMENTS:

* Adheres to hospital policy and procedures.    1 2 3 4 N/A
* Demonstrates accuracy.    1 2 3 4 N/A
* Performs assigned tasks.    1 2 3 4 N/A

## NURSING PROCESS IMPLEMENTED WITH AGE SPECIFIC:

* Completes accurate patient assessments and treatments, reports pertinent findings and takes appropriate action.    1 2 3 4 N/A
* Administers medications and treatments as ordered.    1 2 3 4 N/A
* Evaluates patient response to medications and treatments.    1 2 3 4 N/A
* Evaluates patient care through systematic assessment of patient outcomes.    1 2 3 4 N/A
* Demonstrates effective communication skills.    1 2 3 4 N/A
* Provides nursing interventions appropriate to patient assessment.    1 2 3 4 N/A
* Maintains a clean, safe environment for patient care.    1 2 3 4 N/A
* Delivery of care is developmentally appropriate.    1 2 3 4 N/A

## DOCUMENTATION:    1 2 3 4 N/A

* Initiates and/or updates care plans.    1 2 3 4 N/A
* Documentation is accurate and appropriate and completed in a timely manner.    1 2 3 4 N/A
* Attention to detail.    1 2 3 4 N/A

## PERSONAL:

* Appearance and dress.    1 2 3 4 N/A
* Punctuality and attendance.    1 2 3 4 N/A
* Attitude.    1 2 3 4 N/A
* Initiative.    1 2 3 4 N/A
* Recognizes limitations.    1 2 3 4 N/A
* Treats patients and families with respect and courtesy.    1 2 3 4 N/A
* Exhibits teamwork and cooperation with work group and hospital staff.    1 2 3 4 N/A
* Flexible with schedule.    1 2 3 4 N/A

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**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**

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**ADDITIONAL COMMENTS:**

**ELIGIBLE TO RETURN: _____ YES _____ NO**
**EVALUATOR'S SIGNATURE/TITLE:_____ DATE: _____**