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# Free Nurse Appraisal Form

## Nurse Information:

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Review Period: \_\_\_\_\_

## Performance Review:

### 1. Core Competencies:

Area	Rating (1-5)	Comments
Clinical Knowledge		
Patient Interaction		
Safety Practices		
Record Keeping		

### 2. Professional Attributes:

Area	Rating (1-5)	Comments
Attendance		

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Team Participation		
Adaptability		
Leadership Potential		

**3. Training and Development:**

- Training Attended: \_\_\_\_\_

\_\_\_\_\_

- Achievements: \_\_\_\_\_

\_\_\_\_\_

**Overall Comments:**

\_\_\_\_\_

**Goals for Future:**

\_\_\_\_\_

\_\_\_\_\_

**Nurse's Feedback:**

\_\_\_\_\_

\_\_\_\_\_

**Supervisor's Feedback:**

\_\_\_\_\_

\_\_\_\_\_

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**Signatures:**

- Nurse: \_\_\_\_\_
- Date: \_\_\_\_\_
- Supervisor: \_\_\_\_\_
- Date: \_\_\_\_\_