

# Nurse Appraisal Form PDF

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## Employee Information:

- Full Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Department: \_\_\_\_\_
- Appraisal Date: \_\_\_\_\_

## Evaluation Criteria:

### 1. Technical Skills:

Criterion	Score (1-5)	Remarks
IV Administration		
Wound Care		
Vital Signs Monitoring		
Emergency Response		

### 2. Professional Behavior:

Criterion	Score (1-5)	Remarks
Professionalism		

<b>Reliability</b>		
<b>Initiative</b>		
<b>Confidentiality</b>		

**3. Continuing Education:**

- **Courses Completed:** \_\_\_\_\_

\_\_\_\_\_

- **Certifications Earned:** \_\_\_\_\_

\_\_\_\_\_

**Summary of Performance:**

\_\_\_\_\_

**Objectives for Improvement:**

\_\_\_\_\_

\_\_\_\_\_

**Employee Remarks:**

\_\_\_\_\_

\_\_\_\_\_

**Manager Remarks:**

\_\_\_\_\_

\_\_\_\_\_

**Signatures:**

- **Nurse:** \_\_\_\_\_

- **Date:** \_\_\_\_\_

- **Manager:** \_\_\_\_\_
- **Date:** \_\_\_\_\_