**Registered Nurse Evaluation Form**

**RN’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Unit/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **1. Clinical Performance**

* **Patient Care Management:**
* **Technical Skills and Competency in Procedures:**
* **Compliance with Safety Protocols:**

#### **2. Communication and Teamwork**

* **Professional Communication with Staff:**
* **Patient and Family Education Provided:**
* **Contribution to Team Goals:**

#### **3. Documentation and Record Keeping**

| **Evaluation Factor** | **Meets Expectations (Y/N)** | **Comments** | **Improvement Plan** |
| --- | --- | --- | --- |
| **Completeness of Patient Records** | **[ ] Yes [ ] No** |  |  |
| **Accuracy in Documentation** | **[ ] Yes [ ] No** |  |  |
| **Timeliness in Updates** | **[ ] Yes [ ] No** |  |  |

#### **4. Overall Assessment**

* **Summary of Strengths:**
* **Developmental Needs:**

**Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
RN’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**