

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	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Accuracy in Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Timeliness in Updates	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Overall Assessment

- Summary of Strengths:

- Developmental Needs:

Evaluator's Signature: _____ Date: _____

RN's Signature: _____ Date: _____