**Staff Nurse Evaluation Form**

**Staff Nurse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **1. Clinical Skills and Knowledge**

* **Ability to Perform Procedures Accurately: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Medication Administration Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Patient Care Protocols Compliance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **2. Communication and Collaboration**

* **Communication with Patients and Families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Collaboration with Other Healthcare Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Professionalism in Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **3. Professional Conduct**

* **Attendance and Punctuality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Adherence to Hospital Policies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Continuing Education Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **4. Performance Summary**

| **Evaluation Criteria** | **Rating (1-5)** | **Comments** | **Supervisor’s Notes** |
| --- | --- | --- | --- |
| **Clinical Skills** | **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5** |  |  |
| **Communication and Teamwork** | **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5** |  |  |
| **Professionalism** | **[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5** |  |  |

**Overall Comments:**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**