

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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Communication and Teamwork	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Overall Comments:

Supervisor's Signature: _____ **Date:** _____

Staff Nurse's Signature: _____ **Date:** _____