**Employee Nursing Feedback Form**

**General Information**

* **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performance Evaluation**

* **How effectively does the employee complete assigned nursing tasks?
[ ] Excellent
[ ] Good
[ ] Satisfactory
[ ] Needs Improvement**
* **Please describe specific strengths observed in their nursing practice:**
* **Suggest areas where improvement could enhance performance:**

**Communication and Teamwork**

* **Rate their ability to collaborate with colleagues and communicate with patients:
[ ] Excellent
[ ] Good
[ ] Satisfactory
[ ] Needs Improvement**

**Additional Comments**

* **Any additional feedback or observations:**

**Evaluator’s Information**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**