

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:** _____