



Employee Name: _____

PERFORMANCE EVALUATION REPORT

1. Facility name: _____
2. Field/Type/Area of Nursing: _____
3. Position of nurse being evaluated: _____
4. Shift/Schedule: _____
5. Supervision: Is this nurse required under their ArNAP contract to have another nurse working in the same setting and to be readily available to provide assistance and intervention? Yes No
If 'Yes', who is the nurse working under the supervision of? (Provide name or describe position of person who is supervising.) _____

6. Attendance: In the past 3 months, how many times has the nurse been absent? _____
Tardy? _____ Is there a pattern of absenteeism or tardiness? Yes No
If 'Yes', describe: _____
7. Quality of work: Above average Average Below average
Comments: _____
8. Have you noted any medication errors or discrepancies involving the nurse? Yes No
Comments: _____
9. Nurse's documentation skills: Above average Average Below average
10. Interpersonal relationships with peers: Above average Average Below average
11. Has the nurse been counseled or disciplined in the work setting? Yes No
12. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol? Yes No Unsure
13. Concerns/Comments: _____

(Supervisor Name and Title)

(Print Nurse's Name)

(Supervisor Signature)

(Signature of Nurse)

(Date)