



As a **JCAHO Certified Health Care Staffing Service**, **The Nurse Agency** is required to evaluate our nurses on an annual basis. Please complete this form and fax it to us at **(773) 779-8866. Thank you!**

RN Name: _____

Hospital/Unit: _____

Hospital Representative Name: _____

Date Worked: _____

Please take a moment to evaluate this employee using the key below.

Rating Competency

- _____ Plans patient care appropriately.
- _____ Performs appropriate patient assessment and documentation.
- _____ Delivers age appropriate care which addresses patients' cultural and spiritual needs.
- _____ Communicates patient responses to treatment plan.
- _____ Charting is timely, appropriate and legible.
- _____ Effectively utilizes computer charting software
- _____ Prioritizes patient needs effectively.
- _____ Prioritizes interventions.
- _____ Reports significant findings.
- _____ Possesses knowledge of and complies with hospital policy and procedure.
- _____ Seeks guidance when needed.
- _____ Time management skills.
- _____ Demonstrates competency in safe and effective use of equipment.
- _____ Ability to handle patient assignment.
- _____ Completes assigned tasks in a timely fashion.
- _____ Seeks clarification regarding report and assignment.
- _____ Accepts supervision and direction.
- _____ Maintains HIPPA privacy and confidentiality policies.
- _____ Demonstrates caring and respectful attitude towards patient/family.
- _____ Works well with other staff and volunteers assistance when needed.
- _____ Adheres to dress code.
- _____ Arrives on time.

Key
1 = Exceeds Expectations
2 = Meets Expectations
3 = Needs Assistance
4 = Below Expectations
N/A= Not Applicable