



As a **JCAHO Certified Health Care Staffing Service**, **The Nurse Agency** is required to evaluate our caregivers on an annual basis. Please take this form with you to your next shift and ask the Charge RN or Unit Manager to fax it to us at **(773) 779-8866** or email it to **penny@thenurseagency.com** upon completion of your shift. **Thank you!**

Employee Name: _____

Facility: _____ **Unit:** _____

Hospital Representative Name/Title: _____

Date Worked: _____ **Shift:** _____

Please take a moment to evaluate this employee:

Evaluation Criteria	Exceeds Standards	Meets Standard	Needs Improvement
Clinical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Thank you for taking a moment to evaluate our employee! Please fax this form to (773) 779-8866 or email it to penny@thenurseagency.com upon completion.