



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

Employee Name: _____

Facility: _____ **Unit:** _____

Hospital Representative Name/Title: _____

Date Worked: _____ **Shift:** _____

Please take a moment to evaluate this employee:

| Evaluation Criteria | Exceeds Expectations | Meets Expectations | Needs Improvement |
|----------------------------|----------------------|--------------------|-------------------|
| Clinical Competency | | | |
| Attitude and Cooperation | | | |
| Attendance and Punctuality | | | |
| Communication Skills | | | |

Comments:

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

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