



Clinical Evaluation

Candidate Name _____ Date _____

Reference Name _____ Title _____

Telephone _____ Email _____

Hospital/Facility _____

Address _____

City _____ State _____ Zip _____

Did you have direct supervision over this Candidate? Yes No

Employed From _____ To _____ Currently Employed? Yes No

Position RN OR Tech LPN Other Primary Unit/Specialty: _____

Type of Patients (Example: Cardio, Ortho, Peds vs. Adults) _____ # of Beds _____

| Performance/Attributes | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations |
|---|--------------------------|--------------------------|----------------------------|
| Patient Assessment - Assesses patients in a timely, thorough and individualized manner according to patient need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teamwork/Collaboration - Works collaboratively with other members of the team to develop an individualized plan of patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical/Technical Competency - Performs interventions in a timely, accurate and safe manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accurate Documentation - Documents the patient care process accurately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Age Specific Competency - Demonstrates competency appropriate for assigned patient population including adaptations for age specific care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills - Communicates respectfully and effectively with patients, families, visitors and all facility staff and physicians. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adheres to Policies and Procedures - Adheres to facility policies and procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability/Attendance - Reports to work on time as scheduled. Notifies immediate supervisor if unable to work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism - Exhibits a high level of professionalism. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility/Adaptability - Exhibits flexibility and adaptability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for Leaving _____

Eligible for Rehire? Yes No

Additional Comments _____

Signature _____

Date _____