



PLEXSUM STAFFING SOLUTIONS, INC. EVALUATION

Candidate Name: _____

Reference Name: _____ Title: _____

Telephone: _____ Email: _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Did you have direct supervision over this Candidate? Yes No

MM/YYYY Employed From: _____ To: _____ Currently Employed? Yes No

Position: _____ Primary Unit/Specialty: _____

Type of Patients: _____ Number of Beds: _____

Performance/Attributes	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Patient Assessments in a timely, thorough, and patient specific manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with the care plan team to develop patient specific care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs clinical interventions in a timely, accurate, and safe manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately documents in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates competency appropriate for assigned patient population including adaptations for age specific care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 facility policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports to work on time as scheduled. Notifies immediate supervisor if unable to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits a high level of professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits flexibility and adaptability in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Leaving if Applicable: _____

Eligible for Rehire? Please answer yes or no. **Do not** leave blank. Yes No

If No please explain why: _____

Additional Comments if Applicable: _____

Print Name: _____

Signature: _____ Date: _____