PLEXSUM
STAFFING SOLUTIONS, INC.

CLINICIAN EVALUATION

Clinician Information

Clinician Name: _____ Clinician Position: _____

Primary/Specialty: _____ Types of Patients: _____

Unit size – Number of Beds: _____ Charge Duties: YES ☐ NO ☐ Floating: YES ☐ NO ☐

MM/YYYY Employed From: _____ To: _____ Current Employee: YES ☐ NO ☐

Clinical Reference Site Information

Hospital/Facility Name: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Facility size – Number of beds: _____

Performance/Attributes	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Patient Assessments in a timely, thorough and patient specific manner	☐	☐	☐
Works well with the care plan team to develop patient specific care	☐	☐	☐
Performs clinical interventions in a timely, accurate, and safe manner	☐	☐	☐
Demonstrates competency appropriate for assigned patient population including adaptations for age specific care	☐	☐	☐
Communicates respectfully and effectively with patients, families, visitors, and all facility staff and physicians	☐	☐	☐
Adheres to facility policies and procedures	☐	☐	☐
Reports to work on time as scheduled. Notifies immediate supervisor if unable to work	☐	☐	☐
Exhibits a high level of professionalism	☐	☐	☐
Exhibits flexibility and adaptability in the workplace	☐	☐	☐

What age population(s) did the clinician care for during this evaluation period? Check all that apply.

Older Adult	Middle Adult	Young Adult	Adolescent	Older Child	Preschool	Toddler	Infant	Newborn
☐	☐	☐	☐	☐	☐	☐	☐	☐

Reason for leaving, if applicable: _____

Eligible for rehire? Please answer YES or NO. Do not leave blank. YES ☐ NO ☐

If NO, please explain why: _____

_____

Any Additional Comments: _____

_____

Evaluator Information

Do you have direct supervision over this clinician? YES ☐ NO ☐

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Signature: _____ Title: _____ Date: _____