

## 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	<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"/>
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 workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

**Evaluator Information**

Do you have direct supervision over this clinician? YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_