

You may give this form directly to your supervisor or return to MedStaff to complete.

Facility Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Fax Number: (____) _____
 Direct Supervisor's Name: _____ Title: _____

APPLICANT INFORMATION

Applicant Name: _____
 Position(s) you have held: RN ORT LPN SLP PT PTA OT COTA RRT RERT CRTT Rad Tech PA NP
 Travel Assignment? Yes No
 Clinical Specialty: _____
 Employment Dates: From: _____ To: _____
 Average Patient Caseload: _____ No. of Beds in Unit: _____ No. of Beds in Facility: _____
 Teaching Non-teaching Charge Experience? Yes No Supervisory Experience? Yes No
 Reason for Leaving: _____ Would you Rehire? Yes No

PERFORMANCE EVALUATION & PROFESSIONAL ATTRIBUTES

Performance and Attributes	Exceptional	Above Standard	Standard	Almost Standard	Below Standard
1. Demonstrates competency in caring for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides a safe and therapeutic patient environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implements a coordinated plan of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to facility policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates appropriately with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes accurate documentation of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flexibility and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Willingness and ability to float (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interest and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to communicate with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Evaluator's Signature: _____ Title: _____
 Print Evaluator's Name: _____ Date: _____ Telephone: (____) _____

This information was obtained from: Written Reference Verbal Reference