

HACKETTSTOWN REGIONAL MEDICAL CENTER

PERFORMANCE APPRAISAL FORM/SUPPLEMENTAL NURSING STAFF

NAME: _____

STATUS: _____

UNIT ASSIGNED: _____

SHIFT: _____ DATE: _____

INFORMATION PACKET REVIEWED?

YES: _____ NO: _____

DIRECTIONS: Please check the appropriate box.

	*Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	*Unacceptable	N/A
I. NURSING CARE:					
A. Assessment of patient needs.					
B. Organizes work					
C. Evaluates care and documents to reflect changes and pertinent assessment.					
D. Initiates and updates nursing care plans					
II. PERSONAL-PROFESSIONAL GROWTH					
A. Seeks, accepts and uses suggestions					
B. Assumes and follows through on responsibility for assigned activities.					
C. Assists others when needed.					
D. Positive and constructive in communications with others.					
E. Reporting at end of shift.					
III. PROFESSIONAL APPEARANCE					
A. Meets Hackettstown Regional Medical Center's dress code.					
B. Punctuality					

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 IV. OVERALL EVALUATION

A. Based on your assessment, do you feel he/she can safely:

- | | | | |
|-----------------------------------|-----|----|----|
| 1. Administer p.o medications? | Yes | No | NA |
| 2. Administer IV medications? | Yes | No | NA |
| 3. Perform treatments/procedures? | Yes | No | NA |

B. Based on your assessment, do you feel he/she needs to be

evaluated beyond the established policy? Yes No

C. Would you like to have this nurse return to your unit in

the future? Yes No

V. CERTIFICATION HELD

- | | | | |
|--|-----|----------|-------------|
| A. I.V. Certified | Yes | No | Certificate |
| | s | Verified | |
| B. Medication Administration Certified | Yes | No | Certificate |
| | s | Verified | |
| C. C.P .R. Certified | Yes | No | Certificate |
| | s | Verified | |
| D. A.C.L.S. Certified | Yes | No | Certificate |
| | s | Verified | |

COMMENTS

:

Evaluator's
Signature/Title/Date

Employee's
Signature/Title/Date

Signing this document signifies I have read the evaluation.

*Comment required

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR
TEMPORARY EMPLOYEES AND STUDENTS.

Signature of Temporary Employee

-
Date