



Employee Shift Evaluation

Dear Client Supervisor:

Please complete this Employee Evaluation Report and return it to our office by fax or mail. We value your responses, as they are the critical component of our quality assurance effort. Thank you

FlexRN Employee Name: _____

Name of Unit Shift Worked: _____

Client Facility Name: _____

	Excellent	Good	Fair	Poor	Not Observed
Clinical Skills (over all):					
Patient Assessment & Observation					
Remains calm in stressful/emergent situations					
Documentation					
Evaluation of change in patient condition					
Patient & Family Education					
Working knowledge of Advance Directives					
Patient interaction (age appropriate communication & care)					
Critical thinking skills/Judgement					
Implementation of Physicians' orders					
Quality of Work (over all):					
Uses time efficiently					
Prioritizes care appropriately					
Initiative & enthusiasm					
Follows Hospital Policy & Procedures					
Relations with Coworkers:					
Attitude					
Cooperation with peers					
Appropriate reports patient information					
Effective & Timely communication with physicians					
Punctuality:					
Ability to adapt to New Workplace:					
Compliant with JCAHO standards:					

Additional Comments:

Signature of Client Supervisor	Print Name of Client Supervisor	Date