Registry Network
Incorporated

PERFORMANCE EVALUATION/REFERENCE

Name: _____ Date of Appraisal: _____/_____/_____
Facility _____ Unit Worked _____

PERFORMANCE PROGRESS CODES
3= Above Standards   2= Meets Standards   1= Below Standards

Management Evaluation		
1	**2**	**3**

_____ Age of population served on unit

PLACE CHECKMARK IN APPROPRIATE BOX AT LEFT.

1. **Demonstrates knowledge of assigned duties.**

2. **Reports problems in timely and appropriate manner.**

3. **Adheres to patient care policy.**

4. **Recognizes need for and implements teaching.**

5. **Observes safety measures, and implements them when providing patient care.**

6. **Cooperates with supervisors and co-workers; seeks guidance when appropriate.**

7. **Complies with dress code.**

8. **Implements care plan.**

9. **Communicates adequately in writing (documentation) and speech (interaction).**

10. **Demonstrate overall performance of job description**

11. **Demonstrates the knowledge and skills necessary to provide care appropriate to the age of the patients served on this unit.**

COMMENTS by Charge Nurse/Manager:

_____
_____

Would you recommend this person for reassignment?   ☐ YES ☐ NO
Permission is given to share this evaluation with employee?   ☐ YES ☐ NO

_____   _____   _____
Evaluator's Signature/Title   Facility   Date

COMMENTS by Employee   Fill in section with suggestions, concerns, and questions. Example: What else would have been helpful? How could assignment have been a better experience?
_____
_____
_____

_____   _____
Signature of Registry Network Reviewer   Date Reviewed

_____   _____
Employee Signature   Date Reviewed   Form Updated 10/29/2020