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 9-3-26