

Independent Nurse Consultants, Inc.
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 info@independentnurse.com

RN Performance Evaluation

Please take a few minutes and complete this evaluation. We at Independent Nurse Consultants, Inc. strive to maintain our highest quality nursing care. With your assistance we can continue to provide consistent, quality care.

Applicant Name: _____

Facility: _____ Phone _____

Supervisor: _____ Title _____

Applicant Position: _____ Unit: _____ Shift: _____

Period of Evaluation: _____

Type of Evaluation: 30 day _____ 90 day _____ Final _____

Release: I, the undersigned, grant permission to release all information requested herein to Independent Nurse Consultants, Inc. I hereby release all employers and their representatives from all liabilities for issuing this information. By signing this release, Independent Nurse Consultants, Inc., is authorized to disclose any or all information contained herein to client facilities for which I have expressed an interest to work.

Applicant's Signature _____

Date _____

Nursing Unit Criteria	Exceed Expectations	Meets Expectations	Below Expectations
Job knowledge			
Assessment skills			
Documentation skills			
Organizational & planning skills			
Ability to work under pressure			
Adaptability			
Follows policy & procedure			
Communication skills			
Attitude			
Consideration for others			
Willingness to help others			
Punctuality			
Attendance			

Explanation of each entry rated below expectation and any additional comments:

Would you welcome this traveler back? Yes _____ No _____

 Name/Title/Position (please print)

 Signature