



HCP Name:
 Hospital:
 New Hire Assignment Dates:

Please rate employee based on standards of performance expectations for this unit. Use a black or blue pen only. Fill in each applicable space totally. Errors should be crossed out with a single line and initialed. Return completed appraisal via fax to 800-405-5993.

DEFINITIONS

- Exceeds Standards:** Demonstrates activity that surpasses performance standards.
- Meets Standards:** Demonstrates activity that meets performance standards.
- Below Standards:** Opportunities for improvement exist in the activity which is not offset by outstanding strong points in that same area.

	Exceeds Stds	Meets Stds	Below Stds	N/A
CLINICAL COMPETENCY				
Assesses symptoms, behaviors & problems related to patient.	()	()	()	()
Establishes a plan of care for patient.	()	()	()	()
Implements a coordinated and organized plan of care.	()	()	()	()
Evaluates and makes appropriate adjustments to plan of care.	()	()	()	()
Demonstrates appropriate patient / other teaching.	()	()	()	()
Provides a safe & therapeutic environment.	()	()	()	()
Adheres to facility policies and procedures.	()	()	()	()
Communicates appropriately with patients and others.	()	()	()	()
Applies theory and skills appropriately.	()	()	()	()
Provides comprehensive & accurate documentation of pt. care.	()	()	()	()
Overall rating:	()	()	()	()
PROFESSIONAL ATTRIBUTES				
Demonstrates flexibility and adaptability.	()	()	()	()
Demonstrates acceptable attendance and punctuality.	()	()	()	()
Demonstrates professional appearance.	()	()	()	()
Accepts direction and shows cooperation.	()	()	()	()
Demonstrates effective time management skills.	()	()	()	()
Demonstrates efficient and safe use of equipment & supplies.	()	()	()	()
Promotes unit continuity.	()	()	()	()
Overall Rating:	()	()	()	()
This person is considered a safe practitioner in area of specialty for future practice in other institutions.	YES ()		NO ()	

Appraiser Comments: (Attach additional comments if necessary)

Appraiser Name: _____ **Title:** _____
Appraiser Signature: _____ **Date:** _____

This appraisal has been shared with employee. YES () NO ()

Employee Signature: _____ **Date:** _____

(R)