

Clinical Evaluation

Employee Name: _____

Employee Title: _____

Name of Facility: _____

Unit Worked: _____

Date from: _____ Date To _____

| | Above Average | Average | Below Average | Poor |
|--------------------------|---------------|---------|---------------|------|
| Quality of work | — | — | — | — |
| Quantity of work | — | — | — | — |
| Interest & Enthusiasm | — | — | — | — |
| Relate to patients | — | — | — | — |
| Relate to Staff | — | — | — | — |
| Adaptability to change | — | — | — | — |
| Ability to handle stress | — | — | — | — |
| Attendance | — | — | — | — |
| Punctuality | — | — | — | — |

Charge Duty: Yes___ No___

Additional Comments:

Name of Reviewer: _____

Title of Reviewer: _____

Contact Number: _____

Signature: _____

Date: _____