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**Performance Evaluation**

Name:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **RATING SCALE:** |  | | | | | |
| **1 = Unsatisfactory** | **3 = Meets Expectation** | **Total Score = Average =** | | | | |
| **2 = Needs Improvement** | **4 = Exceeds Expectations** |  | | | | |
| **QUALITY OF WORK:**  Adheres to agency’s policy and procedures. | | 1 | **RATING**  2 3 4 | | | **COMMENTS** |
| Performs assigned visits timely. | | 1 | 2 | 3 | 4 |  |
| **CLINICAL SKILLS:** | | | | | | |
| Completes accurate patient assessments. | | 1 | 2 | 3 | 4 |  |
| Administers medications and treatments as ordered. | | 1 | 2 | 3 | 4 |  |
| Evaluates patient response to medications and treatments. | | 1 | 2 | 3 | 4 |  |
| Evaluates patient care through systematic assessment | | 1 | 2 | 3 | 4 |  |
| of patient outcomes. |  |  |  |  |  |  |
| Maintains IV access using clean or sterile technique as indicated. | | 1 | 2 | 3 | 4 |  |
| Use infusion pumps properly. | | 1 | 2 | 3 | 4 |  |
| Adhere to infection control practices. | | 1 | 2 | 3 | 4 |  |
| **DOCUMENTATION:**  Initiates and/or updates plans of care. | | 1 | 2 | 3 | 4 |  |
| Documentation is accurate and appropriate. | | 1 | 2 | 3 | 4 |  |
| Documentation is submitted timely. | | 1 | 2 | 3 | 4 |  |
| **PERSONAL:**  Appearance and dress. | | 1 | 2 | 3 | 4 |  |
| Punctuality and attendance. | | 1 | 2 | 3 | 4 |  |
| Treats patients, families, and their property with respect and courtesy. | | 1 | 2 | 3 | 4 |  |

ADDITIONAL COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature/Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_