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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_