

Facility Performance Evaluation

Employee Name: _____ Date: _____

Evaluator Name: _____ Contact Number: _____

Title: _____ Facility: _____

How long have you known the employee: _____

What was the employee's job description: _____

What unit was the employee assigned to: _____

Was the employee floated to any other unit: Yes No

If yes what unit(s): _____

Please describe the employees charting abilities: _____

Please rate the employee on the following on a scale of 1 to 4 (4 being the best)

Please rate the employee on the following on a scale of 1 to 4 (4 being the best)

Relationship with patients: 1 2 3 4

Were there ever any disciplinary issues: Yes No

Carrying out Doctor's orders: 1 2 3 4

Please explain: _____

Handling routine situations: 1 2 3 4

Teaching ability: 1 2 3 4

Appearance: 1 2 3 4

Is the employee eligible for rehire: Yes No

Coping well under stress: 1 2 3 4

Please explain: _____

Rapport with co-workers: 1 2 3 4

Safe use of equipment: 1 2 3 4

Additional Comments: _____

Reference checked by: _____ Date: _____

Conducted via: Email Telephone Writing