



Evaluation For: _____ Date Evaluation Completed: _____

Evaluator's Name: _____ Contact Number: _____

Health Care Professional's (HCP) Dates of Employment at your Facility: _____

How long have you known the HCP: _____

Title while working with HCP: _____

Where did you work with the HCP: _____

How was the HCP's attendance: _____

What was the HCP's job description & units worked: _____

What charting system is utilized at your facility: _____

Please describe the HCP's charting abilities: _____

Please rate the HCP on the following on a scale of 1 to 5 (5 being the best)

- Relationship with patients: 1 2 3 4 5
- Carrying out Doctor's orders: 1 2 3 4 5
- Handling routine situations: 1 2 3 4 5
- Teaching ability: 1 2 3 4 5
- Appearance: 1 2 3 4 5
- Coping well under stress: 1 2 3 4 5
- Rapport with co-workers: 1 2 3 4 5
- Safe use of equipment: 1 2 3 4 5

Were there ever any disciplinary issues: No Yes

Please explain: _____

Is the HCP eligible for rehire: No Yes

Please explain: _____

Current Title: _____ Current Facility: _____

Additional Comments:

Checked by: _____ Date: _____

Conducted via: Phone Fax Email