



PERFORMANCE EVALUATION/COMPETENCY ASSESSMENT

Healthcare Professional's Printed Name: _____

To assist with our evaluation process, we would appreciate your assessment of the performance of this person. Please check the appropriate boxes and make additional comments you feel may be of assistance in our ongoing quality assurance program. Thank you.

Exceeds Expectations = Employee goes above and beyond the position expectations.

Meets Expectations = Employee meets the expectations of the position.

Does Not Meet Expectations = Please provide comments or examples of where the employee has failed to meet position expectations.

N/A = If you are unable to evaluate the employee.

EVALUATION CRITERIA	Exceeds	Meets	Does Not	N/A
	Expectations	Expectations	Meet Expectations	
Prioritizes assignments based on patient condition				
Conducts assessments per standard of care				
Plans care in collaboration with healthcare team				
Carries out physicians' orders accurately and timely				
Performs nursing interventions per standard of care				
Documents per policy completely and accurately				
Maintains confidentiality				
Works within Scope of Practice				
Performs skills and duties assigned competently				

Unit/Floor Worked:

Additional Comments (use additional page(s) if necessary):

Evaluator Name (Please Print): _____ **Evaluator Title:** _____

Facility/Organization: _____ **Phone:** _____

Evaluator Signature: _____ **Date:** _____

Please return via fax to (888) 678-4077 as soon as possible. Thank you.

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