

## AGENCY PERSONNEL PERFORMANCE EVALUATION

Agency personnel: \_\_\_\_\_  
 From staffing agency: \_\_\_\_\_  
 who served on your unit: \_\_\_\_\_ on/from dates: \_\_\_\_\_  
 ShiftWise Order: \_\_\_\_\_ Return to: \_\_\_\_\_  
 by: \_\_\_\_\_ Evaluator's name: \_\_\_\_\_

*Circle the appropriate number for overall performance for this assignment. Additional notes may follow.*

<b>Adheres to Participating Institution's policy and procedures.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Completes assignment per job description, supervisor or Charge Nurse.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Performs appropriate skills necessary to meet or exceed HDO's standards.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Evaluates &amp; organizes work; maintains clean, safe environment for patient care.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Communicates change in patient status; provides appropriate interventions.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Documentation is accurate &amp; timely, including time slips and use of STT.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Dress and appearance is in accordance with dress code policy.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Punctuality and attendance as contracted.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Exhibits teamwork, cooperation; flexibility with positive attitude &amp; initiative.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	
<b>Treats patients, families and coworkers with respect.</b>										
1	2	3	4	5	6	7	8	9	10 (best)	

Additional notes:

8/08