



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.

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

Additional notes:

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