

CANDIDATE INFO

Employee Name: _____ Date: _____
 Email Address: _____ Contact Number: _____

REFERENCE INFO

Evaluator Name: _____ Facility: _____
 Title: _____

EVALUATION

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 employee's charting abilities: _____

1. Relationship with patients: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Were there ever any disciplinary issues: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Carrying out Doctor's orders: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Please explain: _____
3. Handling routine situations: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
4. Teaching ability: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
5. Appearance: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Is the employee eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Coping well under stress: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Please explain: _____
7. Rapport with co-workers: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
8. Safe use of equipment: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____

Additional Comments: _____

Reference checked by: _____ Date: _____

Conducted via: Email Telephone Writing