



# INTEGRATED

Phone: 877-670-7407 Fax: 866-203-6594

## Facility Performance Assessment

Thank you for taking the time to complete this assessment. Your feedback on the performance of the staff we provide is very important.

**PLEASE NOTE:** This assessment should be completed by a clinician functioning as the supervisor of the employee.

Employee Name: \_\_\_\_\_ Classification: RN LPN CNA Allied

Date Completed: \_\_\_\_\_ Employee Agency: **Integrated Healthcare**

Employee's Assigned Department: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Facility: \_\_\_\_\_

**CLINICAL COMPETENCY:** Please select "N/A" for any competencies that are not applicable or that you have not had the opportunity to observe/evaluate.

	Exceeds Expectations	Meets Expectations	Unsatisfactory	N/A
Demonstrates the knowledge and skills to provide age-specific care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs job responsibilities according to policy and protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritizes and performs tasks based on patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs necessary assessments and provides documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sound clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes appropriate infection control and safety techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROFESSIONAL BEHAVIOR:** Please select "N/A" for any competencies that are not applicable or that you have not had the opportunity to observe/evaluate.

Accepts supervision and guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates and works effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains good punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents a professional image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Is the employee competent to work in the unit assigned?	<input type="checkbox"/>	<input type="checkbox"/>
Will you use this employee in the future?	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:** Please elaborate on any competencies in which the employee is below the level of expectation.

Reviewer/Manager \_\_\_\_\_ (Signature)

Date Received \_\_\_\_\_