



PERFORMANCE EVALUATION

Emerald City Medical Staffing, Inc asks you to take a moment of your time to fill out this form to ensure that we are providing the best medical staff. Thank you in advance for your time!

Employee Name: _____ **Classification:** _____

Organization: _____

Last known date worked: _____ **Shift worked most frequently:** _____

Please mark in the column that best describes this employee's performance at your Organization.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
<u>KNOWLEDGABLE</u>	_____	_____	_____	_____
<u>ACCEPTS DIRECTION WELL</u>	_____	_____	_____	_____
<u>TACT WITH PATIENTS</u>	_____	_____	_____	_____
<u>WORK ETHICS</u>	_____	_____	_____	_____
<u>WORKLOAD/TIME MANAGEMENT</u>	_____	_____	_____	_____
<u>DEPENDIBILITY</u>	_____	_____	_____	_____
<u>UNIVERSAL PRECAUTIONS</u>	_____	_____	_____	_____
<u>PATIENT ASSESSMENT</u>	_____	_____	_____	_____
<u>CARE PLANNING/EDUCATION</u>	_____	_____	_____	_____
<u>PATIENT SAFETY</u>	_____	_____	_____	_____

ADDITIONAL COMMENTS: _____

Evaluated by (print name): _____ Date: _____

Signature: _____ Title: _____

Reviewed by: ECMS Personnel Signature: _____ Date: _____