



Specializing in Healthcare Staffing Since 1995
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Employee Evaluation Form

Employee Name \_\_\_\_\_ Date of Evaluation \_\_\_\_\_
Facility \_\_\_\_\_ Unit \_\_\_\_\_

Attention Charge Nurse please evaluate our Ocean to Ocean Healthcare employee. Please include all information pertinent to our employee. Please fax completed form to our office (954)421-5388, or return by mail.

Attention Ocean to Ocean Healthcare Employees!

This evaluation is to be completed by the charge nurse your first week & once a month thereafter.

Please check (v) which performance applies.

Job Performance of Applicant:

Table with 6 columns: Job Performance of Applicant, Superior, Above Average, Average, Below Average, Unacceptable. Rows include Clinical Knowledge, Judgment, Quality of Work, Quality of Documentation, Accepts direction/cooperation, Abides by Facility policy and procedures, Communication Skills, Initiative, Handles routine and emergency situations, Punctually and Dependability, Professional Appearance.

Comments on Employee:

Three horizontal lines for writing comments.

Evaluator's Signature

Title

Date Signed