

502-429-3300
 800-305-2042
 Fax: 502-429-1245

KENTUCKY BOARD OF NURSING

312 Whittingtn Parkway, Suite 300
 Louisville, Kentucky 40222-5172
 kbn.ky.gov

Andy Beshear
 Governor

Work Performance Evaluation

Participant's Name _____

- KARE
- Probation

Evaluator Name _____

Title _____

Facility _____

Phone _____

Unit/Department _____

Shift Worked _____

Participant's Position _____

Evaluation for the month(s) of _____

Work Habits (Highlight or circle rating)	Rating Excellent – Poor	Comments
Completes Assignments	5 4 3 2 1	
Handles Complex Tasks	5 4 3 2 1	
Attendance/Punctuality	5 4 3 2 1	
Documentation – accurate/appropriate for job scope and function	5 4 3 2 1	

Job Efficiency Rating (Highlight or circle rating)	Rating Excellent – Poor	Comments
Follows Policies & Procedures	5 4 3 2 1	
Utilizes Problem Solving Ability	5 4 3 2 1	
Manages Stressful Situations	5 4 3 2 1	
Organizes/Plans Work effectively	5 4 3 2 1	

Thought Process (Highlight or circle rating)	Rating Excellent – Poor	Comments
Functions Independently	5 4 3 2 1	
Uses Logical Steps in Planning Care	5 4 3 2 1	

Interpersonal Skills (Highlight or circle rating)	Rating Excellent – Poor	Comments
Works as a team member	5 4 3 2 1	
Effectively Communicates	5 4 3 2 1	

Drug Screens	Yes	No
Have screens been performed? (If yes, please attach results and chain of custody)		
Has any job related behavior warranted requesting a screen? (If yes, please explain below)		

Restrictions	Yes	No	N/A
Does the nurse administer medications? Only under direct observation of a licensed physician or nurse Only if there is a licensed physician or nurse on the facility grounds			
Is the nurse providing patient care? Only under direct observation of a licensed physician or nurse Only if there is a licensed physician or nurse on the facility grounds			
Does the nurse have access to controlled substances?			
Does the nurse administer controlled substances? Only under direct observation of a licensed physician or nurse Only if there is a licensed physician or nurse on the facility grounds			

Employment	Yes	No	N/A
Has the nurse had any negative work performance issues that resulted in verbal/written warning, probation or suspension? (If yes, please explain below or attach documentation)			

Additional Comments:

Supervisor's Signature _____ Date _____
 Email _____
 Telephone number _____

Please return this completed document to the attention of the assigned Case Manager.

9/18/2006; 2/10/2015; 12/9/2015;01/25/2022;03/04/2022
 jmc, bks