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KENTUCKY BOARD OF NURSING

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 Louisville, Kentucky 40222-5172
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Matt Bevin
 Governor

Work Performance Evaluation

Participant Name _____

- KARE
- Probation

Evaluator Name _____

Title _____

Facility _____

Phone _____

Unit/Department _____

Shift Worked _____

Participants Position _____

Evaluation for the month(s) of _____

Work Habits	Rating					Comments
	Excellent – Poor					
Completes Assignments	5	4	3	2	1	
Handles Complex Tasks	5	4	3	2	1	
Attendance/Punctuality	5	4	3	2	1	

Job Efficiency Rating	Rating					Comments
	Excellent – Poor					
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	Rating					Comments
	Excellent – Poor					
Functions Independently	5	4	3	2	1	
Uses Logical Steps in Planning Care	5	4	3	2	1	

Interpersonal Skills	Rating	Comments
	Excellent – Poor	
Works as a team member	5 4 3 2 1	
Effectively Communicates	5 4 3 2 1	

Urine Drug Screens/Blood Alcohol Levels	Yes	No
Have screens been performed? (If yes, please attach results.)		
Has any job related behavior warranted requesting a screen? (If yes, please explain below)		

Restrictions	Yes	No	N/A
Does the nurse administer medications? () Unsupervised () Only under direct observation of a licensed physician or nurse			
Is the nurse providing patient care? () Unsupervised () Under the 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? () Unsupervised () Only under direct observation of a licensed physician or nurse () Only if there is a licensed physician or nurse on the facility grounds			

Additional Comments:

Supervisor's Signature

Date

9/18/2006; 2/10/2015; 12/9/2015
jmc