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KENTUCKY BOARD OF NURSING

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Andy Beshear
 Governor

- KARE for Nurses Program
- Probation

Academic Performance Evaluation

Participant Name: _____

Case Number: _____

Faculty/Clinical Preceptor Name _____

Title _____

Program of Nursing _____

Phone _____

Evaluation for (Midterm or Semester): _____

| Work Habits | 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 | |
| Progressing as expected | 5 4 3 2 1 | |
| Thought Process | Rating Excellent – Poor | Comments |
| Functions independently | 5 4 3 2 1 | |
| Uses logical steps in making decisions | 5 4 3 2 1 | |
| Interpersonal Skills | Rating Excellent – Poor | Comments |
| Works as a team member | 5 4 3 2 1 | |
| Effectively communicates | 5 4 3 2 1 | |

Additional Comments:

 Faculty/Clinical Preceptor Signature

 Date

 Facility Address:

 E-mail:

8/30/2006; 2/10/2015; 12/9/2015
 jmc