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# KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300  
 Louisville, Kentucky 40222-5172  
[kbn.ky.gov](http://kbn.ky.gov)



Andy Beshear  
 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:**

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Supervisor's Signature

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Date