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# KENTUCKY BOARD OF NURSING

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



Steven L. Beshear  
 Governor

- KARE
- Probation

## Work Performance Evaluation

Participant Name \_\_\_\_\_ License #: \_\_\_\_\_  
 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	

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please continue to the next page)

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

<b>Restrictions</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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

\_\_\_\_\_  
Date

3/3/2009  
jmc