



## PERFORMANCE EVALUATION REPORT

\_\_\_\_\_ is required to have submitted on his/her behalf a performance evaluation report every three (3) months. Please complete and return this form to ArNAP staff, Arkansas State Board of Nursing: [Tonya.Gierke@Arkansas.gov](mailto:Tonya.Gierke@Arkansas.gov) or fax (501)686-2714

1. Field/Type/Area of Nursing: \_\_\_\_\_
2. Position of nurse being evaluated: \_\_\_\_\_
3. Shift/Schedule: \_\_\_\_\_
4. Supervision: Is this nurse required under their ArNAP contract to have another nurse working in the same setting and to be readily available to provide assistance and intervention?  Yes  No  
If 'Yes', who is the nurse working under the supervision of? (Provide name or describe position of person who is supervising.) \_\_\_\_\_  
\_\_\_\_\_
5. Attendance: In the past 3 months, how many times has the nurse been absent? \_\_\_\_\_  
Tardy? \_\_\_\_\_ Is there a pattern of absenteeism or tardiness?  Yes  No  
If 'Yes', describe: \_\_\_\_\_
6. Quality of work:  Above average  Average  Below average  
Comments: \_\_\_\_\_
7. Have you noted any medication errors or discrepancies involving the nurse?  Yes  No  
Comments: \_\_\_\_\_
8. Nurse's documentation skills:  Above average  Average  Below average
9. Interpersonal relationships with peers:  Above average  Average  Below average
10. Has the nurse been counseled or disciplined in the work setting?  Yes  No
11. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol?  Yes  No  Unsure
12. Concerns/Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Nurse's Signature)

\_\_\_\_\_  
(Date)