

Certified Nursing Assistant

Performance Evaluation Form Template

Employee Name		Date of Evaluation	
Employee Job Title		Evaluator Name	
Date of Hire		Evaluation Period	

Rating Scale
<p>For each area evaluated on this form, select the rating that best describes the employee's performance as assessed during the evaluation period.</p> <p>5. <u>Outstanding</u>: This rating is for employees who are not only exceeding the requirements of their position, but who are already performing at a level higher than their current position.</p> <p>4. <u>Exceeds Expectations</u>: This rating is for employees who are exceeding the requirements of their position, but not yet performing at a level higher than their current position.</p> <p>3. <u>Meets Expectations</u>: This rating is for employees who are meeting all the requirements of their position.</p> <p>2. <u>Does Not Meet Expectations</u>: This rating is for employees who are meeting the basic requirements of their position, but not all of the requirements of their position.</p> <p>1. <u>Unsatisfactory</u>: This rating is for employees who are not meeting any of the basic requirements of their position.</p>

Position Description

Key Clinical Skills Evaluation		
Skill	Rating	Comments

Clinical Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

Professional Development Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

Organizational Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

Additional Comments:

Evaluator Comments:

Employee Comments:

This evaluation was completed in person by phone by email on _____.

Evaluator Name:

Evaluator Signature:

Employee Name:

Employee Signature:
