

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500 Fax: (225) 755-7583
www.lsbn.state.la.us

CLINICAL NURSING PERFORMANCE EVALUATION FOR:

Semester/Year

Student Name: _____ SSN: _____
Nursing School: _____ Phone: _____
Street Address: _____ City/State/Zip: _____
Designated Supervisor: _____ Phone: _____
Clinical Nursing Course: _____

Please rate by circling the appropriate number and provide comments in the space provided.
(Excellent = 5; Above Average = 4; Average = 3; Needs Improvement = 2; Poor = 1)

<u>Work Habits</u>	<u>Rating</u>	<u>Comments</u>
Completes Assignments	5 4 3 2 1	
Attendance	5 4 3 2 1	
<u>Efficiency</u>	<u>Rating</u>	<u>Comments</u>
Follows Procedures	5 4 3 2 1	
Problem Solving Ability	5 4 3 2 1	
Managing Stressful Situations	5 4 3 2 1	
Organizes/Plans Work	5 4 3 2 1	
<u>Thought Processes</u>	<u>Rating</u>	<u>Comments</u>
Functions Independently	5 4 3 2 1	
Uses Logical Steps in Planning and Delivery Care	5 4 3 2 1	
<u>Interpersonal Relations</u>	<u>Rating</u>	<u>Comments</u>
Works as a Team Member	5 4 3 2 1	
Communications Skills	5 4 3 2 1	

Clinical Nurse Performance Evaluation

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Drug Screens/Blood Alcohol Levels

Have screens been performed? (If Yes, please attach results.)

Yes ___ No ___

Comments: _____

Has any school related behavior warranted requesting a screen? (If yes, please explain.)

Yes ___ No ___

Comments: _____

Supervision

Does this person have direct on-site supervision at all times of clinical practice?

Yes ___ No ___

Comments: _____

Who is the faculty that coordinates this student's Clinical Nursing Courses? _____

Additional Comments:

NOTE: If this is your first performance evaluation to complete, please indicate if you have "viewed" the Order of the Board: _____

Faculty's Name/Title: _____ Date: _____

Faculty's Telephone Number: _____

Reviewed with Student? Yes ___ No ___ If no, Explain: _____

Faculty's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Please call the Monitoring Department at (225) 755-7546 to discuss any concerns or to receive clarification regarding this nurse's individual monitoring plan. Thank you.

Please mail form to:

RNP/Monitoring Department
Louisiana State Board of Nursing
17373 Perkins Rd
Baton Rouge, LA 70810