

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500
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>
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Completes Assignments	5-4-3-2-1	
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Attendance	5-4-3-2-1	
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<u>Efficiency</u>	<u>Rating</u>	<u>Comments</u>
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Follows Procedures	5-4-3-2-1	
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Problem Solving Ability	5-4-3-2-1	
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Managing Stressful Situations	5-4-3-2-1	
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Organizes/Plans Work	5-4-3-2-1	
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<u>Thought Processes</u>	<u>Rating</u>	<u>Comments</u>
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Functions Independently	5-4-3-2-1	
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Uses Logical Steps in Planning and Delivery Care	5-4-3-2-1	
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<u>Interpersonal Relations</u>	<u>Rating</u>	<u>Comments</u>
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Works as a Team Member	5-4-3-2-1	
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Communications Skills	5-4-3-2-1	
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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

FAXED FORMS WILL NOT BE ACCEPTED.

Revised: 7/28/14