



ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT



PERFORMANCE EVALUATION REPORT

NAME OF NURSE BEING MONITORED is required to have submitted on his/her behalf a performance evaluation report every three (3) months. Please complete and mail to Arkansas State Board of Nursing, Disciplinary Monitoring, 1123 S. University Suite 800, Little Rock, AR 72204, email to lisa.wooten@arkansas.gov or fax to (501)686-2714.

Employer Name

Employer Address

- 1. Field/Type/Area of Nursing:
2. Position of nurse being evaluated:
3. Shift/Schedule:
4. Supervision: Is this nurse required under their consent agreement to have another nurse working in the same setting and to be readily available to provide assistance and intervention?
5. Attendance: In the past 3 months, how many times has the nurse been absent?
6. Quality of work:
7. Have you noted any medication errors or discrepancies involving the nurse?
8. Nurse's documentation skills:
9. Interpersonal relationships with peers:
10. Has the nurse been counseled or disciplined in the work setting?
11. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol?
12. Concerns/Comments:

(Signature of Supervisor)

(Date)

(Print Supervisor Name and Title)

(Print name monitored nurse / License Number)

Due Dates: Nurse monitored to fill in the months the Performance Evaluations are due. All documentation is due the 10th of the months listed.