



PERFORMANCE EVALUATION REPORT

Licensee is required to submit a performance evaluation report completed by their employer every three (3) months. Complete and give to licensee to submit, or you may send directly to the Board at ASBN.monitoring@arkansas.gov

Licensee _____ License Number _____

Due Dates _____

Facility Name _____ Facility Location _____

Supervisor (including title) _____ Phone number _____

Supervisor signature _____ Date _____

- 1. Field/Type/Area of Nursing _____
2. Licensee Position _____ Licensee Shift/Schedule _____
3. Supervision: Is licensee required under their Consent Agreement/Order to have another nurse working in the same setting and to be readily available to provide assistance and intervention?
No Yes - list name and position of supervising nurse _____
4. Attendance: In the past 3 months, how many times has the nurse been absent? _____ Tardy _____
Is there a pattern of absenteeism or tardiness? No Yes - provide comments below
5. Quality of work: Above average Average Below average
6. Medication Errors/Discrepancies No Yes - provide comments below
7. Documentation skills: Above average Average Below average - provide comments below
8. Interpersonal relationships with peers: Above average Average Below average - provide comments below
9. Counseled/Disciplined in work setting: No Yes - comment below and provide Board with documentation
10. Abstinence: To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol?
Yes No - provide comments below
Unsure - provide comments below
11. Concerns/Comments _____

Instructions for Licensee if report given to you by employer:

- Licensee with Affinity drug monitoring account - upload signed document in your Affinity account under Documentation / Reports / Available Reports / Add Attachment.
• Licensee without drug monitoring - please email to ASBN.monitoring@arkansas.gov