



Performance Review Certified Nurse Assistants



Name: _____ Classification: CNA Unit(s): _____

1 = Needs Improvement 2 = Satisfactory 3 = Exceeds Standards

	<i>Section 1 (Completed by Hosp)</i>			<i>Section 2 (Completed by Temp)</i>		
Standards	Hospital			Temp Self Evaluation		
	1	2	3	1	2	3
1. Nursing Intervention and Care is Age and Culturaly appropriate.						
2. Reports to RN all emergency situations and takes proper action.						
3. Treats patient and Families with respect and courtesy.						
4. Reports pertinent patient findings including pain control and change in condition.						
5. Applies principles of Safety						
6. Applied priniples of Infection Control.						
7. Worked cooperativley/professionally.						
8. Documents all patient care provided accurately and timely.						
9. Demonstrates Specialty Competencies skills.						
10. Demonstrates Age-Specific Competencies.						
11. Completes work in a timely, organized manner.						
12. Demonstrates positive customer service skills.						
13. Maintains a neat and professional appearance.						

Hospital: _____ Evaluator (please print): _____ Title: _____ Date: _____ Evaluator Signature: _____	Procel Employee Signature: _____ Date Signed: _____
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Section 3 (Completed by Procel Only)

Procel Office Use Only	1	2	3	
1. Adheres to Procel's standards for professional behavior.				
2. Completes all assignments.				
3. Is on time for all assignments.				
4. Reports to work on all scheduled days.				

Evaluated by: _____ Position: _____ Date: _____

Hospital Feedback: _____

Annual Evaluation 90 Day Evaluation Other _____

Commence Employment _____ Last Day Worked _____ Return to Work _____

Late Cancellations _____ DNS _____ Dependability _____ Quality of Care _____

Comments: _____

