FloMed
STAFFING

# PERFORMANCE EVALUATION/REFERENCE

## LICENSED HEALTHCARE PROFESSIONAL

**Candidate Name:** ____________________

### FACILITY CONTACT INFORMATION

**Reference Name (Your Name):** ____________________

**Title (NM, Charge Nurse, Supervisor, DON, ADON, etc.):** ____________________

**Did you supervise the candidate directly?** ☐ Yes ☐ No

**Telephone (Mobile):** ____________________ **Telephone (Work):** ____________________

**Email (Work):** ____________________

**Facility Name:** ____________________

**City & State:** ____________________

### CANDIDATE INFORMATION

**Profession while working with you (RN, CNA, PT, OT, SLP, etc.):** ____________________

**Clinical Specialty:** ____________________

**Employment Dates (Approx. Mo/Yr) From:** ____________________ **To:** ____________________

**Average Nurse/Patient Ratio:** ____________________

**Number of Beds in Unit:** ____________________

**Number of Beds in Facility:** ____________________

*Please let us know if the candidate has the following experience:*

| | | | |
|---|---|---|---|
| Travel Assignment | Yes | No | N/A or Unsure |
| Charge Nurse | Yes | No | N/A or Unsure |
| Supervisory | Yes | No | N/A or Unsure |
| If given the opportunity, would you work with this candidate again? | Yes | No | N/A or Unsure |

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### PERFORMANCE & ATTRIBUTES

**1 = Above Standard** **2 = Meets Standard** **3 = Below**

**Standard** *Please make your selections below:*

| | 1 | 2 | 3 | N/A |
|---|---|---|---|---|
| Provides competent clinical care | | | | |
| Follows facility policies and procedures | | | | |
| Flexibility and adaptability | | | | |
| Adaptability when communicating with staff | | | | |
| Attendance and punctuality | | | | |
| Overall professionalism | | | | |
| Communicates effectively with patients, family and staff | | | | |
| Completes accurate documentation of patient care | | | | |

**Please list any strengths you believe would make this candidate successful in another clinical role:**

**Evaluator Name:** ______________________________ **Date:** ____________

**By checking this box, I certify all information is true and correct to the best of my knowledge.**

**Please return the completed document by email to Info@Flomedstaffing.com**