

PERFORMANCE EVALUATION
CLIENT CLINICAL FEEDBACK

Traveler Name:

Facility Name:

Date:

Reference Name/Title:

Phone Number:

CLINICAL COMPETENCY

Demonstrates competency in caring for patients?

Exceptional Exceeded Met Needs Improvement Unsatisfactory

COMMUNICATION

Communicates appropriately with patients and families?

Exceptional Exceeded Met Needs Improvement Unsatisfactory

ATTITUDE AND COOPERATION

Exceptional Exceeded Met Needs Improvement Unsatisfactory

ATTENDANCE AND PUNCTUALITY

How well did the individual meet your expectation with regard to arriving at his/her job location each day.

Exceptional Exceeded Met Needs Improvement Unsatisfactory

Clinical Strengths Comments:

This evaluation was designed to meet Joint Commission on Accreditation of Healthcare Organizations standard. Timely completion is important to us to provide the highest quality professionals.

Evaluation completed by:

Date of Evaluation: