



**EMPLOYEE PERFORMANCE EVALUATION**

ECMStaffing asks for you to take a moment of your time to complete this form. Employee Performance Evaluations are extremely important to ECMStaffing, and are solely used to ensure company clientele receive the highest qualified healthcare professional(s). We thank you in advance for your assistance!

**Employee Name:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**Healthcare Organization or Facility:** \_\_\_\_\_

**Last Known Date Worked:** \_\_\_\_\_ **Most Frequently Worked Shift:** \_\_\_\_\_

*Please mark the column that best describes this employee's performance at your Organization.*

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
<b>Knowledgeable</b>				
<b>Accepts Direction Well</b>				
<b>Tact With Patients</b>				
<b>Work Ethic</b>				
<b>Workload/Time Management</b>				
<b>Dependability</b>				
<b>Universal Precautions</b>				
<b>Patient Assessment(s)</b>				
<b>Care Planning/Education</b>				
<b>Patient Safety</b>				

**Additional Comments:** \_\_\_\_\_

**Evaluated By (Please Print Name):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed By (ECMStaffing Personnel):** \_\_\_\_\_

**ECMStaffing Personnel Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_