

Certified Nursing Assistant



Performance Evaluation Form Template

Employee Name		Date of Evaluation	
Employee Job Title		Evaluator Name	
Date of Hire		Evaluation Period	

Rating Scale

For each area evaluated on this form, select the rating that best describes the employee's performance as assessed during the evaluation period.

5. Outstanding: This rating is for employees who are not only exceeding the requirements of their position, but who are already performing at a level higher than their current position.

4. Exceeds Expectations: This rating is for employees who are exceeding the requirements of their position, but not yet performing at a level higher than their current position.

3. Meets Expectations: This rating is for employees who are meeting all the requirements of their position.

2. Does Not Meet Expectations: This rating is for employees who are meeting the basic requirements of their position, but not all of the requirements of their position.

1. Unsatisfactory: This rating is for employees who are not meeting any of the basic requirements of their position.

Position Description

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Clinical Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

Professional Development Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

Organizational Goal:	Rating:
Evaluator Comments:	
Employee Comments:	
Actions:	

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Additional Comments:

Evaluator Comments:

Employee Comments:

This evaluation was completed (check one) ___ in person ___ by phone ___ by email on _____.

Evaluator Name:

Employee Name:

Evaluator Signature:

Employee Signature:
