

**Licensed Practical Nurse**  
**Performance Evaluation Form Template**



<b>Employee Name</b>		<b>Date of Evaluation</b>	
<b>Employee Job Title</b>		<b>Evaluator Name</b>	
<b>Date of Hire</b>		<b>Evaluation Period</b>	

<b>Rating Scale</b>
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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.

<b>Position Description</b>

<b>Key Clinical Skills Evaluation</b>		
Skill	Rating	Comments

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<b>Clinical Goal:</b>	<b>Rating:</b>
Evaluator Comments:	
Employee Comments:	
Actions:	

<b>Professional Development Goal:</b>	<b>Rating:</b>
Evaluator Comments:	
Employee Comments:	
Actions:	

<b>Organizational Goal:</b>	<b>Rating:</b>
Evaluator Comments:	
Employee Comments:	
Actions:	

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<b>Additional Comments:</b>
Evaluator Comments:
Employee Comments:

This evaluation was completed <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by email on _____.	
<b>Evaluator Name:</b> _____	<b>Employee Name:</b> _____
<b>Evaluator Signature:</b> _____	<b>Employee Signature:</b> _____