

HSHS Southern Illinois Division RN Residency Clinical Instructor Evaluation

Student's Name: _____ School: _____

Rating Scale:

- | | | |
|---|-----------------------|--|
| 5 | Consistently Exceeds: | Performance that consistently exceeds the requirements and that reflects the student's efforts to consistently achieve beyond what is expected. |
| 4 | Sometimes Exceeds: | Performance that consistently meets the requirements for basic competency and reflects the student's efforts to sometimes achieve beyond what is expected. |
| 3 | Meets: | Performance that meets the requirements for basic competency. |
| 2 | Needs Improvement: | Performance that sometimes needs improvement and does not consistently meet requirements |
| 1 | Unsatisfactory: | Performance that is unacceptable and consistently does not meet the requirements for basic competency in the job |

	5	4	3	2	1
I. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Relationships with others (communications and cooperation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Behavioral factors:					
• Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII. Attendance factors:					
• Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Performance Rating (Please check only ONE)	5	4	3	2	1
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Recommended for (check one):
- Highly Recommended for the RN Residency
 - Recommended for RN Residency
 - Not Recommended for RN Residency
 - Undecided (Please provide explanation/additional information below)

Instructor Name: _____ Date Completed : _____

Signature: _____

We are very interested in obtaining an accurate profile of the applicant's ability for bedside nursing. We realize that the checklist at times may not provide you the opportunity to characterize the applicant fully. Please make any additional comments on the attached sheet and address the applicant's professional development, clinical performance, and motivation for an RN Position.

