

**Facility Employee Evaluation**

Employee Name: \_\_\_\_\_

Employee Position: RN LPN CNA

Date Assigned: \_\_\_\_\_ Client Name: \_\_\_\_\_

	Greatly Exceeds Job Requirements	Exceeds Job Requirements	Meets Job Requirements	Below Standards of Job Requirements	Does Not Meet Job Requirements
Job Knowledge					
Job Performance					
Dependability					
Attitude					
Judgment					
Communication					
Appearance					
Other					
Attendance	Excellent	Above Average	Average	Below Average	Unsatisfactory
Tardiness	Never	Occasionally	Frequently		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAS Staff  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed  
 By MAS: \_\_\_\_\_ DATE: \_\_\_\_\_