



ACCS STAFF EVALUATION

Staff Name: RN/LPN/CNA circle one	Date(s) Evaluated:
Hospital/Facility:	Unit/Floor:
Print Evaluator Name:	Evaluator Signature:

American Critical Care Services appreciates the ongoing evaluation of ACCS staff working in your facility. Upon completion, please return mail in this postage paid reverse-flap envelope. Thank you.

<u>PLEASE CHECK APPROPRIATE LEVEL AND COMMENT</u>	✓ Above Standard	✓ Meets Standard	✓ Below Standard
Establishes priorities in the delivery of nursing care. Comment:			
Appropriate documentation of patient response to nursing and medical intervention. Comment:			
Recognizes, reports and documents signs and symptoms of complication. Comment:			
Performs treatments/procedures and administers medications in a safe, competent manner. Comment:			
Adapts to changes in a positive manner. Comment:			
Demonstrates a positive attitude toward patients, families, co-workers and other hospital personnel. Comment:			
Staff is neatly attired and well groomed. Comment:			