



## **NURSING PERFORMANCE EVALUATION**

The practice of \_\_\_\_\_ is being monitored by the Recovering Professional Program (RPP) on behalf of the S.C. Board of Nursing. One of the conditions of the Board Order or Consent Agreement is that an RN supervisor's report of the nurse's performance be submitted **every three months**, unless employment has ended before that time, in which case the report shall be submitted within ten (10) days after the employment has ended. The RN supervisor's report must address the nurse's professional competency and integrity, commitment to professionalism and applicable standards of practice, and adherence to the terms of the Board's Order or Consent Agreement. It is the nurse's responsibility to provide you with these evaluation forms every quarter. Please complete and return this form to RPP at the address below.

Three month period: \_\_\_\_\_ Name of facility: \_\_\_\_\_

Name of principal RN supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Nurses major clinical practice area: \_\_\_\_\_ Position: \_\_\_\_\_

1. Have you received a copy of the Board's Order or Consent Agreement regarding this nurse?  
( ) yes ( ) no
2. Is this nurse practicing under the supervision of an RN onsite and on shift at all times the nurse is working? ( ) yes ( ) no (More than one RN supervisor may be designated by you in order to maintain continuous RN supervision.)
3. Has the nurse shown a pattern of absences? ( ) yes ( ) no
4. How are the nurse's interpersonal relationships with co-workers? \_\_\_\_\_  
(If improvement is needed or other problems exist, please explain on an attached sheet.)
5. Is the nurse's access to controlled substances restricted? ( ) yes ( ) no
6. To the best of your knowledge, is the nurse maintaining abstinence from mood-altering substances, including alcohol? ( ) yes ( ) no ( ) unsure (If no or unsure, please explain on an attached sheet.)
7. Does the nurse follow applicable standards of practice and professionalism? ( ) yes ( ) no
8. Does the nurse follow the institution's policies and procedures? ( ) yes ( ) no
9. What level of competency has the nurse shown this quarter? ( ) Outstanding ( ) Satisfactory  
( ) Needs improvement ( ) Unsatisfactory (Please explain on an attached sheet)
10. Has an individual evaluation conference been held during this quarter? ( ) yes ( ) no (If yes, please explain on an attached sheet.)

This report was reviewed with the nurse on (date) \_\_\_\_\_

Signature of nurse: \_\_\_\_\_

Signature of principal RN supervisor: \_\_\_\_\_ Date: \_\_\_\_\_