



NURSING CANDIDATE EVALUATION
 Open for Viewing by Candidate

Candidate's Full Name _____ Name of Reference _____
 First Middle Last

Course(s) with this instructor (Title, Year) or period of employment _____

Indicate degree of acquaintance with candidate

- Know personally
- Know as a student
- Know only as a member of large class
- Know as an employee

DO NOT KNOW	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
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PERSONAL QUALITIES

Demonstrates ability to listen.....					
Expresses self clearly and appropriately.....					
Demonstrates initiative.....					
Demonstrates punctuality.....					
Demonstrates self-confidence.....					

NURSING ABILITY

Demonstrates accurate observational skills, data collection and nursing assessment.....					
Assumes professional and ethical responsibilities.....					
Demonstrates flexibility.....					
Applies nursing knowledge to specific situations.....					
Keeps accurate and meaningful written records.....					
Adapts well to team environment.....					
Professional growth potential.....					

STATEMENT: (Please elaborate on the above and comment on any other appropriate points.)

Signature _____
 Title and Dept. _____
 Email _____
 Date _____

Institution/Employer _____
 Address _____

 Phone # _____