



AGENCY EMPLOYEE EVALUATION

Name: _____ Facility: _____

Please rate the above employee's job performance by selecting the appropriate criteria in each area. This information will assist us in providing you with the Respiratory Care Practitioners that work best in your facility. Your time and comments are greatly appreciated. **You may fax the form back to 410-828-4194.**

Observations	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Preparedness: RCP arrives in proper attire with necessary tools to perform job duties (i.e. stethoscope)			
Attitude: RCP arrives ready to work and is pleasant to co-workers, patients and family members.			
Reliability: Punctual, dependable and trustworthy			
Clinical Competence: RCP demonstrates appropriate knowledge and skill to provide safe and effective care			
Judgment: RCP displays critical thinking by being able to problem-solve and make appropriate clinical decisions			
Time Management: RCP is capable of completing assigned responsibilities safely and effectively in a timely manner			
Communication: The RCP displays effective interpersonal communication			
Documentation: The RCP appropriately completes all required documentation			
Cooperation: The RCP interacts and works well with others			

Additional Comments: _____

Name of Evaluator: _____ Title: _____

Signature: _____ Date: _____