



**ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT**



PERFORMANCE EVALUATION REPORT

Licensee: _____ License No.: _____

Licensee is required to submit a performance evaluation report completed by their employer every three (3) months. Please complete and give to licensee to submit or if you chose you may send directly to the Board at ASBN.monitoring@arkansas.gov.

Due Dates: _____
Monitored Nurse to fill in the **months** the Performance Evaluations are due. All documentation must be submitted by the 10th of the months listed.

Facility Name: _____ Facility Location: _____

Supervisor (including title): _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

1. **Field/Type/Area of Nursing:** _____

2. **Licensee Position:** _____ **Licensee Shift/Schedule:** _____

3. **Supervision:** Is licensee required under their Consent Agreement/Order to have another nurse working in the same setting and to be readily available to provide assistance and intervention?
 No Yes - list name and position of supervising nurse: _____

4. **Attendance:** In the past 3 months, how many times has the nurse been absent? _____ Tardy? _____
 Is there a pattern of absenteeism or tardiness? No Yes - provide comments below

5. **Quality of work:** Above average Average Below average - provide comments below

6. **Medication Errors/Discrepancies:** No Yes - provide comments below

7. **Documentation skills:** Above average Average Below average - provide comments below

8. **Interpersonal relationships with peers:** Above average Average Below average - provide comments below

9. **Counseled/Disciplined in the work setting:** No Yes – comment below & provide Board with documentation

10. **Abstinence:** To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol? Yes No - provide comments below Unsure - provide comments below

11. **Concerns/Comments:** _____

Instructions for Licensee if report given to you by employer:

- Licensee **with Affinity** drug monitoring account – upload signed document in your Affinity account under Documentation / Reports / Available Reports / Add Attachment.
- Licensee **without** drug monitoring – please email to ASBN.monitoring@arkansas.gov