



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



PERFORMANCE EVALUATION REPORT

_____ is required to have submitted on his/her behalf a performance evaluation report every three (3) months. Please
NAME OF NURSE BEING MONITORED
 complete and mail to **Arkansas State Board of Nursing, Disciplinary Monitoring, 1123 S. University Suite 800, Little Rock, AR 72204, email to**
chandler.sullivan@arkansas.gov or fax to (501)686-2714.

Employer Name **Employer Address**

1. Field/Type/Area of Nursing: _____
2. Position of nurse being evaluated: _____
3. Shift/Schedule: _____
4. Supervision: Is this nurse required under their consent agreement to have another nurse working in the same setting and to be readily available to provide assistance and intervention? Yes No
 If 'Yes', who is the nurse working under the supervision of? (Provide name or describe position of person who is supervising.) _____
5. Attendance: In the past 3 months, how many times has the nurse been absent? _____
 Tardy? _____ Is there a pattern of absenteeism or tardiness? Yes No
 If 'Yes', describe: _____
6. Quality of work: Above average Average Below average
 Comments: _____
7. Have you noted any medication errors or discrepancies involving the nurse? Yes No
 Comments: _____
8. Nurse's documentation skills: Above average Average Below average
9. Interpersonal relationships with peers: Above average Average Below average
10. Has the nurse been counseled or disciplined in the work setting? Yes No
11. To the best of your knowledge, do you believe the nurse is maintaining abstinence from all mood-altering substances, including alcohol? Yes No Unsure
12. Concerns/Comments: _____

 (Signature of Supervisor)

 (Date)

 (Print Name and Title)

 (Print name/License Number of nurse evaluated)

Due Dates: _____
Nurse monitored to fill in the **months** the Performance Evaluations are due. All documentation is due the 10th of the months listed.