

Judy Schmidt, RN, MSN, ONC, CCRN  
Chief Executive Officer

Jillian Scott, RN, MSN  
RAMP Director

Participant # \_\_\_\_\_

**Employment Evaluation**  
(To be completed by employer or work site monitor)

Participant Name \_\_\_\_\_ Month/Year \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_ Shift \_\_\_\_\_ Unit \_\_\_\_\_

Employment Type     Full Time     Part Time     Internship/Volunteer     On Call/Per Diem

Employer Information:

Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please Rate by Selecting the Appropriate Number and Provide Comments in Space Provided**

	Poor					Excellent
	1	2	3	4	5	5
Attendance	1	2	3	4	5	5
Punctuality	1	2	3	4	5	5
Professional in Appearance	1	2	3	4	5	5
Adheres to work place policies/procedures	1	2	3	4	5	5
Exhibits appropriate decision making skills	1	2	3	4	5	5
Work Performance	1	2	3	4	5	5
Behavior when interacting with peers & patients	1	2	3	4	5	5

Comments: \_\_\_\_\_  
\_\_\_\_\_

Have any worksite drug screens been performed this period?     Yes     No

Other Questions/Notes/Instructions: \_\_\_\_\_  
\_\_\_\_\_

Please contact me

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date