



## Clinician Performance Evaluation

**Clinician's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*In order to maintain The Joint Commission competency standards, we ask that your supervisor/manager provides the information requested below. This should be completed during your current assignment. Completed forms must be returned to AMP via email [don@ampstaffing.com](mailto:don@ampstaffing.com) or fax 985-327-5890. Your response will be held in the strictest confidence. Thank you for your assistance.*

<b>Professional Evaluation</b>	<b>Exceeds Standards</b>	<b>Meets Standards</b>	<b>Needs Improvement</b>
Clinical Competency			
Attitude & Cooperation			
Attendance & Punctuality			
Good Communication Skills			

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

**Manager/Supervisor's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Manager/Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_