

## Substitute Nurse Evaluation Form



Substitute's Name \_\_\_\_\_ Date \_\_\_\_\_

Substituted for \_\_\_\_\_ School \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_ Position \_\_\_\_\_

Nurse's Report	Acceptable	Not Acceptable
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Please complete the following, leaving blank areas you cannot evaluate.

- |  |       |       |
|--|-------|-------|
| 1. Left necessary explanation of work          | _____ | _____ |
| 2. Appeared to have good rapport with students | _____ | _____ |
| 3. Left the clinic clean and orderly           | _____ | _____ |
| 4. Would be welcome back to substitute         | _____ | _____ |

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

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please turn this form in to the office by the end of the day on which you return to school**

**Administrator's Report**

Please Rate the effectiveness of the substitute in the following areas:

- |   | Ineffective              | Effective                | Very<br>Effective        |
|---|--------------------------|--------------------------|--------------------------|
| 1. Professional Presentation of Self                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nursing Assessment Skills                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Interpersonal Skills with Parents, Staff, and Teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Overall Effectiveness                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you like this substitute to return to your building?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

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

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit a copy of this form to Substitute Services and retain a copy for your files.**