



PERFORMANCE EVALUATION Temporary Candidate Evaluation

Name _____ Facility _____

Job Title _____ Department _____

Assignment Length Over a week Over a month Over three months Over six months Over a year

Manager Input and Information

Please check the appropriate box	Consistently Exceeds Minimum Requirements	Exceeds Minimum Requirements	Meets Minimum Requirements	Does Not Meet Minimum Requirements	Not Applicable
1. Job Knowledge					
▪ Computer Skills					
▪ Clinical Skills(if applicable)					
2. Performance					
▪ Quality of Work					
▪ Quantity of Work					
▪ Adaptability to Situations					
3. Professionalism					
▪ Ability to Accept Direction					
▪ Attitude					
▪ Punctuality					
▪ Appearance					
4. Communication					
▪ Oral Skills					
▪ Written Skills					

Would you recommend this individual for future assignment in your organization? Yes No

If no, why? _____

Additional Comments _____

Manager's Name _____

Title _____ Phone _____

Email _____ Date _____

