

**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
5622 RAY ELLISON BOULEVARD
SAN ANTONIO, TEXAS 78242**

NURSE'S AIDE PERFORMANCE APPRAISAL

Name _____ Evaluation period _____

Position _____ Department/campus _____

Evaluator _____ Title _____

Rating Scale:

E	Exceeds Expectations	Performance exceeds expectations
P	Proficient	Performance meets expectations
I	Needs Improvement	Performance does not meet expectations
N/A	Not applicable	Performance is not expected

Directions: Use the above descriptors to rate each skill. Determine the overall job performance by reviewing all ratings.

GENERAL SKILLS				
1. Works cooperatively with others	E	P	I	N/A
2. Participates in meetings, training, and special events	E	P	I	N/A
3. Follows oral and written instructions from supervisor	E	P	I	N/A
4. Follows district policies and procedures	E	P	I	N/A
5. Provides safety and security for self and others	E	P	I	N/A
6. Completes assignments on time and accurately	E	P	I	N/A
7. Follows attendance and punctuality rules	E	P	I	N/A
8. Demonstrates appropriate job knowledge	E	P	I	N/A
9. Maintains neat and orderly work area	E	P	I	N/A
10. Uses, maintains, and stores work material properly	E	P	I	N/A
11. Identifies and responds to problems effectively	E	P	I	N/A
12. Communicates effectively	E	P	I	N/A

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SPECIALIZED SKILLS				
1. Works well under the Supervision of the nurse and keeps the nurse informed of all health related concerns	E	P	I	N/A
2. Gives proper treatment to injuries and illnesses and keeps the nurse informed of changes or follow-up care when appropriate	E	P	I	N/A
3. Maintains confidentiality of information	E	P	I	N/A
4. Is well informed in immunization requirements and screening procedures	E	P	I	N/A
5.	E	P	I	N/A
6.	E	P	I	N/A
Performance goals				
General comments				
Overall performance rating (check one)				
<input type="radio"/> Exceeds expectations <input type="radio"/> Proficient <input type="radio"/> Needs improvement				
My supervisor has discussed this evaluation with me. I have read and received a copy of it.				
_____ Employee signature	_____ Date	_____ Evaluator signature	_____ Date	
_____ Reviewer signature			_____ Date	

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