

Performance Evaluation

Date:			
Employee Name:		Title:	
Assigned Facility:			
Dates of Employment:			
Is the employee still working for Worldwide?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide the reason the employee left:			
	Excellent	Acceptable	Improvement Desired
Attendance			
Timely submission of the weekly time report			
Timely submission of compliance			
Any warnings provided by the facility or Worldwide?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Any clinical concerns expressed by the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Any professional concerns (non-clinical) expressed by the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Any known arrests since hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Any claims of patient abuse, medication diversion, falsified charting, or misconduct since hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Was the employee's license suspended at any time since hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Has Worldwide's Clinical Director determined that this employee is eligible for continued employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:			
Clinical Director Signature:		Date:	