



SECTION A - INDIVIDUAL REPORTED ON

1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER	3. NAME AND LOCATION OF FACILITY		4. FACILITY NO.
5. GRADE/STEP	6. POSITION TITLE		7. PROBATIONARY REVIEW		8. PERIOD COVERED BY REPORT
			DUE	COMPLETED	FROM TO
9. SERVICE		10. DATE OF BIRTH		11. SERVICE COMPUTATION DATE	

SECTION B - NARRATIVE EVALUATION BY RATING OFFICIAL

INSTRUCTIONS: Document how the nurse meets the criteria stated in the VA Nurse Qualification Standards and appropriate functional statement, other significant professional contributions, and areas needing improvement. (The narrative evaluation should be limited to the space provided except in unusual circumstances.)

(This area is intentionally left blank for the narrative evaluation.)

SECTION C - RATING BY RATING OFFICIAL**INSTRUCTIONS**

An adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement.

LEGEND

UNSATISFACTORY - Has not met all criteria.
LOW SATISFACTORY - Has met all criteria, but at times performance marginal.
SATISFACTORY - Has met all criteria, at times exceeds expectations.
HIGH SATISFACTORY - Has met all criteria, usually exceeds expectations by a substantial margin.
OUTSTANDING - Has met all criteria, consistently exceeds expectations to an exceptional degree.

12. CATEGORY I - NURSING PRACTICE (*Demonstrates a level of professional nursing practice appropriate to grade and functional statement.*)

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

13. CATEGORY II - INTERPERSONAL RELATIONSHIPS (*Works effectively with individuals and groups at the level appropriate to grade and functional statement.*)

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

SECTION D - OVERALL EVALUATION

14. OVERALL RATING - (*An objective appraisal of overall competency based on rating in Section C. See VA Handbook 5013, Part II*)

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

15. ENTRIES ON THIS FORM ARE BASED ON:

FREQUENT OR DAILY CONTACT FREQUENT OBSERVATIONS OF WORK RESULTS
 INFREQUENT CONTACT JOINT REVIEW WITH: _____
 INFREQUENT OBSERVATIONS OF WORK RESULTS _____

NO. OF MONTHS UNDER MY SUPERVISION THIS RATING PERIOD

16. FOR FULL-TIME PERMANENT NURSES RECEIVING A LOW SATISFACTORY OR UNSATISFACTORY RATING, HAS THE REQUIREMENT BEEN MET FOR ADVANCE COUNSELING DOCUMENTS IN WRITING? (*See VA Handbook 5013, Part II.*)

YES NO NOT APPLICABLE

17a. SIGNATURE OF RATING OFFICIAL (*Please sign in ink*)

17b. POSITION

17c. DATE

SECTION E - COMMENTS OF APPROVING OFFICIAL

IF IN DISAGREEMENT WITH RATING, REFER TO VA HANDBOOK 5013, PART II

18a. SIGNATURE OF APPROVING OFFICIAL

18b. POSITION

18c. DATE

SECTION F - REVIEW BY ASSOCIATE DIRECTOR FOR PATIENT CARE SERVICES (if required)

19a. SIGNATURE OF THE ASSOCIATE DIRECTOR FOR PATIENT CARE SERVICES

19b. DATE

SECTION G - RATED EMPLOYEE

20a. SIGNATURE OF EMPLOYEE (*I have seen the approved rating and have had the opportunity to discuss it and received a copy.*)

20b. DATE

NOTE: Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.