



WORK PERFORMANCE EVALUATION

Please complete this form as a condition of probation for: _____

Check the appropriate reporting period, below:

January 1-March 31 April 1-June 30 July 1-September 30 October 1-December 31

Did the licensee discuss his/her probation with you and provide you with copies of the Accusation/Statement of Issues and Disciplinary Order? Yes No

Comments: _____

For the first report only, attach or write on the back of this form a brief description of the licensee's job duties, including the shift and hours worked and date of hire. Please notify the Board of any subsequent changes by attaching or writing a brief description on the back of this form.

Is the licensee's behavior conducive to competent licensed care? Yes No

Comments: _____

If your answer is no, is this change in behavior a departure from the licensee's normal behavior? In what way does it need improvement?

Is the licensee's attendance consistent with your facility's standards? Yes No

If not, have you observed a pattern of absenteeism?

Comments: _____

In your opinion, does the licensee possess sufficient knowledge to practice safely and competently? Yes No

Comments: _____

Does the licensee provide verbal and written input regarding care of the patient? (i.e., treatment plan, evaluation of care, intervention, communication with medical staff, etc.) Yes No

Comments: _____

Does the licensee communicate effectively and therapeutically with patients, family and others? Yes No

Comments: _____

Does the licensee chart/document patient care in accordance with the standards of occupational therapy practice and your facility's established policies and procedures? Yes No

Comments: _____

Has the licensee been the subject of any complaint or disciplinary action in this reporting period? Yes No

Comments: _____

Supervisor's Name: _____

Title: _____ Date: _____

