



## 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

