

Nurse Practitioner Performance Evaluation

Name of Nurse Practitioner:

Evaluation Period:

Please rate the nurse practitioner's performance based on the following criteria using a Likert scale from 1 to 5, where:

1 - Strongly Disagree

2 - Disagree

3 - Neutral

4 - Agree

5 - Strongly Agree

1. Demonstrates proficiency in clinical skills and procedures.

1.

2.

3.

4.

5.

2. Exhibits sound clinical judgment in patient care decisions.

1.

2.

3.

4.

5.

3. Consistently adheres to evidence-based practice guidelines.

1.

2.

3.

4.

5.

4. Effectively manages patient assessments, diagnoses, and treatment plans.

1.

2.

3.

4.

5.

5. Communicates effectively with patients, demonstrating empathy and active listening.

1.

2.

3.

4.

5.

6. Collaborates well with interdisciplinary team members.

1.

2.

3.

4.

5.

7. Provides clear and thorough explanations of medical conditions and treatment options to patients and families.

1.

2.

3.

4.

5.

8. Demonstrates professionalism and tact in all interactions.

1.

2.

3.

4.

5.

9. Patients report high levels of satisfaction with the nurse practitioner's care.

1.

2.

3.

4.

5.

10. Patient feedback indicates a positive experience with the nurse practitioner.

1.

2.

3.

4.

5.

11. Nurse practitioner effectively addresses patient concerns and questions.

1.

2.

3.

4.

5.

12. Actively seeks opportunities for learning and professional growth.

1.

2.

3.

4.

5.

13. Demonstrates willingness to incorporate feedback and improve performance.

1.

2.

3.

4.

5.

14. Engages in reflective practice to enhance clinical skills and knowledge.

1.

2.

3.

4.

5.

15. Overall, I am satisfied with the nurse practitioner's performance.

1.

2.

3.

4.

5.

Comments (Optional):

Please provide any additional comments or feedback regarding the nurse practitioner's performance:

Head Nurse Signature: _____