

RN Supervision and Evaluation of Unlicensed Assistive Personnel

Facility Name _____ Today's Date _____

Unlicensed Assistive Personnel _____ Delegating nurse _____

Rate Quality of Work

1=Very Poor* 2=Marginal 3=Average 4=Very Good 5=Outstanding*

*A rating of 1 or 5 must be accompanied by written comments by the RN.

Quality Monitor	Rating	Comments
1. Competency	_____	_____
2. Documentation	_____	_____
3. Error Reporting	_____	_____
4. Communication	_____	_____
5. Professionalism	_____	_____
6. Reliability	_____	_____
7. Respect	_____	_____

Tasks

observed: _____

Training

Update: _____

Comments: _____

Recommendation:

- UAP may continue performing all delegated tasks.
- UAP will have delegation of tasks rescinded (See attached RN Delegation Rescinded Form)

UAP _____ Date _____

Nurse _____ Date _____