



CLINICAL EVALUATION

Candidate to Complete:

Candidate Name: _____ Title/Position: _____
 Hospital/Employer: _____ Unit/Specialty Worked: _____
 Hospital/Employer Address: _____ City, State: _____
 Dates Employed: _____ to _____ Reason for Leaving: _____
 Agency/Travel Assignment? Yes No Name of Agency: _____

Clinical Supervisor to Complete:

Supervisor Name: _____ Title: _____
 Phone: _____ Email: _____
 Did you have direct supervision over this candidate? Yes No
 If yes, is candidate eligible for rehire? Yes No

Performance Attributes	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Clinical Competence and Judgment			
Communication and Professionalism			
Reliability and Attendance			
Teamwork and Collaboration			
Timely and Thorough Documentation			

Additional comments about this candidate:

Signature: _____

Date: _____

Candidates, please upload completed evaluations directly to your profile.
Supervisors, please email to FastaffTravelUpdates@fastaff.com.

Fastaff Internal Use Only:

Completed via phone by: _____ Title: _____