

Cape Girardeau Career & Technology Center - School of Practical Nursing  
**FORMATIVE EVALUATION**

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Clinical Rotation: \_\_\_\_\_ Clinical Facility/Nursing Unit: \_\_\_\_\_ Clinical Week #: \_\_\_\_\_

**DIRECTIONS:** **Mark MET or NOT MET and write a comment in each evaluation area.** Refer to the written clinical criteria in your summative evaluation that is directly related to this clinical rotation.

On the last day of your clinical week, turn in this completed self-evaluation form and your other paperwork (in a pocket folder) to your clinical instructor.

Your clinical instructor will then review this form, **will make written comments and mark MET or NOT MET in each of the evaluation areas.** The following week this evaluation form shall be returned to you. Please seek out your clinical instructor for clarification on any point.

<p><b>A. ATTENDANCE &amp; PARTICIPATION</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>	<p><b>E. CHARTING &amp; REPORTING</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>
<p><b>B. NURSING PROCESS &amp; MEETING PATIENT NEEDS</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>	<p><b>F. PHARMACOLOGY</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>
<p><b>C. NURSING SKILLS</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>	<p><b>G. ORGANIZATION</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>
<p><b>D. APPLICATION OF KNOWLEDGE</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>	<p><b>H. PROFESSIONAL APPEARANCE</b></p> <p>MET: _____ NOT MET: _____</p> <p>Comment:</p>

**I. EFFECTIVE COMMUNICATION**

MET: \_\_\_\_\_ NOT MET: \_\_\_\_\_

Comment:

**J. PROFESSIONAL CONDUCT**

MET: \_\_\_\_\_ NOT MET: \_\_\_\_\_

Comment

**K. SAFETY**

MET: \_\_\_\_\_ NOT MET: \_\_\_\_\_

Comment:

**L. NURSING JUDGMENT**

MET: \_\_\_\_\_ NOT MET: \_\_\_\_\_

Comment:

**ADDITIONAL COMMENTS:**

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The clinical criteria for clinical week # \_\_\_\_\_  
was **MET** / was **NOT MET** (circle one)

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_