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KENTUCKY BOARD OF NURSING

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Andy Beshear
Governor

- KARE for Nurses Program
- Probation

Academic Performance Evaluation

Participant Name: _____

Case Number: _____

Faculty/Clinical Preceptor Name _____

Title _____

Program of Nursing _____

Phone _____

Evaluation for (Midterm or Semester): _____

Work Habits (Highlight or circle rating)	Rating Excellent – Poor	Comments
Completes assignments	5 4 3 2 1	
Handles complex tasks	5 4 3 2 1	
Attendance/Punctuality	5 4 3 2 1	
Progressing as expected	5 4 3 2 1	
Thought Process	Rating Excellent – Poor	Comments
Functions independently	5 4 3 2 1	
Uses logical steps in making decisions	5 4 3 2 1	
Interpersonal Skills	Rating Excellent – Poor	Comments
Works as a team member	5 4 3 2 1	
Effectively communicates	5 4 3 2 1	

Additional Comments:

Faculty/Clinical Preceptor Signature

Date

Facility Address:

E-mail:

8/30/2006; 2/10/2015; 12/9/2015
jmc
3/4/2022
bks