



Tennessee Professional Assistance Program
 545 Mainstream Drive, Suite 414
 Nashville, TN 37228

www.tnpap.org
 Phone: 615-726-4001
 Fax: 615-726-4003

EMPLOYER EVALUATION

Explanation:

- As a condition of monitoring, TnPAP requires a report of the individual's work performance be submitted quarterly.
- Print all information.
- Be specific in your answers.
- Report is to be submitted by signee on or before the last day of the following months:
 - March, June, September and December

Name of Licensee:		SSN:	TnPAP Case Manager:
Profession: <input type="checkbox"/> CRNA <input type="checkbox"/> APN <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PA <input type="checkbox"/> RRT <input type="checkbox"/> CRT <input type="checkbox"/> RCA <input type="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Medical Lab <input type="checkbox"/> EMT <input type="checkbox"/> EMT-P			
Reporting period:	From:	To:	Report Due:
Employing Facility:			Telephone No:
Address:			City:
State:			Zip Code:
Date of Initial Employment:			
Position: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Staff <input type="checkbox"/> Charge <input type="checkbox"/> Supervisor			
Unit:		Shift:	
Name of direct supervisor:			

1. Attendance

- a. Number of absences during report period 1 2 3 4 5 6+
- b. Reason for absence
- (1) Illness, personal
- (2) Death in family
- (3) Illness, family member
- (4) Other (explain)

(5) Number of hours practiced since last reporting period _____

2. Reliability

- a. Very dependable
- b. Average
- c. Unacceptable (explain) _____

3. Clinical Performance

- a. Above average
- b. Average
- c. Poor (explain) _____

4. Interaction with co-workers
- a. Above average
 - b. Average
 - c. Poor (explain) _____

5. Comments on performance: _____

6. Drug Screens
 Have there been any job related behaviors or incidences that resulted in a workplace drug screen?

- Yes
- No If yes, please send copy of results.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE

Has there been a change in position or responsibilities since the last reporting period? If yes, please explain in the comments section.	<input type="checkbox"/> No <input type="checkbox"/> Yes
To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood-altering chemicals, including alcohol? If no, please explain in the comments section	<input type="checkbox"/> No <input type="checkbox"/> Yes
Comments and explanations:	

To discuss any concerns regarding the monitoring agreement or job performance for this individual contact TnPAP (615-726-4001).

 Supervisor's name (print)

 Title

 Supervisor's Signature

 Date