ST. JOSEPH SCHOOL OF NURSING
5 Woodward Avenue, Nashua, NH 03060
(603)594-2567

INSTRUCTOR
CLINICAL PROFICIENCY EVALUATION
(For use by LPN applying to ASN program)

Date:_____ Applicant's Name: _____

Name of Practical Nurse School:_____

Address:_____

Phone Number:_____

Start Date:_____ Graduation Date:_____

Instructor's Name:_____

TO BE COMPLETED BY YOUR CURRENT/FORMER INSTRUCTOR:

Please complete the questions below pertaining to the above named applicant to the ASN program at St. Joseph School of Nursing.

What course did you teach and/or clinical experience did you provide:

_____

	LOW				HIGH
How would you rate the following:	1	2	3	4	5
Punctuality					
Attendance					
Teamwork					
Communication Skills					
Assessment Skills					
Nursing Diagnosis Assessment					
Planning (patient outcomes & nursing interventions)					
Implementation of Nursing Skills					
Maintains Safe Environment					
Role as Patient Advocate					

Additional Comments: _____

_____

_____

Signature:_____ Credentials:_____ Date:_____

Name:_____ Job Title:_____

Telephone Number:_____ E-mail:_____