



**New Graduate RN Residency Program  
Senior Practicum/ Capstone Clinical Instructor Evaluation Form**

has applied for a Graduate Nurse Position at the University of Colorado Hospital, and we would like your assistance in evaluating this applicant's qualifications and personal attributes. This form will be kept confidential.

We thank you for taking the time to complete this form and for providing us with this reference.

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unable to Evaluate</b>
Accurately anticipates changes in patient status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately recognizes changes in patient status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently recognizes unsafe practice by self/ others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates understanding of potential Clinical implications of interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proactively asks peers/ experts for Assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately prioritizes the most urgent patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately sequences care for a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts plan of care according to patient needs, preferences, & cultural considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately applies knowledge of past experiences to present situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately adjusts own practice based on other's feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please list 3 strengths of this applicant**

- 1.
- 2.
- 3.

**Please identify one area (knowledge base, skill acquisition, time management/prioritization or professionalism) that the applicant requires additional assistance or time to improve upon:**

\_\_\_\_\_

**Additional Comments:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Time Associated with Applicant: \_\_\_\_\_

Completed evaluations may be submitted by: \_\_\_\_\_ Email [NurseResident@uch.edu](mailto:NurseResident@uch.edu)  
 Fax (720) 848 – 6802

Mail

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