

# Jewish Hospital & St. Mary's HealthCare

## REFERENCE SHEET

If current team member, please have your manager/supervisor complete:

Date: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Facility: \_\_\_\_\_

Length of time in area: \_\_\_\_\_

	Poor	Average	Good	Excellent
Attendance				
Skills				
Teamwork				

Does team member have discipline issues? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

If employee was PRN, commitments were met each month? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick three words to describe this team member: \_\_\_\_\_

\_\_\_\_\_

When this team member completes the educational program, would you want to keep him/her in your unit/department? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_