

JOHN W. MAITLAND, JR.



JOSEPH F. WARNER

LONG TERM CARE NURSES SCHOLARSHIP FUND

2025 LPN, RN & APN Scholarship Applicant Evaluation Form

Applicant Name:

Instructions

This evaluation form should be completed by the Director of Nursing or Administrator at the long term care facility where the applicant is currently employed and submitted along with the other application materials

In the following categories, please indicate where you believe the employee stands between the two individual statements.

Guide for evaluation:

5= the employee is a leader in this area

4= the employee is above average in this area

3= the employee is average in this area

2= the employee is slightly below average in this area

1= the employee is below average in this area

Please explain any scores other than "3" in the comment section.

Quality of Care

(Check one box for each set of statements)

Meets residents' mental, psychosocial and physical needs	5	4	3	2	1	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not meet the needs of residents
Uses good nursing techniques	5	4	3	2	1	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not meet the needs of residents
Displays caring therapeutic attitude while caring for residents	5	4	3	2	1	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not meet the needs of residents

Comments (Explanation for score other than "3"):

Behavior

(Check one box for each set of statements)

Enthusiastic about care of residents	5	4	3	2	1	Apathetic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates with peers	5	4	3	2	1	Uncooperative; criticizes others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates with supervisory staff	5	4	3	2	1	Refuses tasks; shows disrespect to supervisors
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interested in new experiences; demonstrates eagerness to learn	5	4	3	2	1	Unwilling to listen to others or try new experiences
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts correction and criticism with willingness to improve	5	4	3	2	1	Responds to suggestions defensively
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Explanation for score other than "3"):

Safety

(Check one box for each set of statements)

Familiar with facility safety policies	5	4	3	2	1	Unfamiliar with facility safety policies
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows infection control guidelines for all residents	5	4	3	2	1	Promotes cross contamination
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses equipment properly	5	4	3	2	1	Needs frequent supervision when using equipment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practices good safety techniques	5	4	3	2	1	Must be told to correct unsafe conditions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Explanation for score other than "3"):

Dependability

(Check one box for each set of statements)

Reports for duty on all scheduled days	5	4	3	2	1	Frequently absent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rarely late	5	4	3	2	1	Frequently late
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to call for duty when short-staffed	5	4	3	2	1	Responds negatively to requests if short-staffed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Explanation for score other than "3"):

Conduct and Appearance

(Check one box for each set of statements)

Follows HIPAA privacy requirements	5	4	3	2	1	Does not follow HIPAA privacy requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows mature conduct with resident relatives and visitors	5	4	3	2	1	Rude to resident relatives and visitors
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accurate documentation of care; consistent charting methods	5	4	3	2	1	Inaccurate documentation; unprofessional charting style
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance is always professional	5	4	3	2	1	Appearance and/or dress is not professional
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Explanation for score other than "3"):

Signatures

Administrator

Printed Name: _____

Date: _____

Signature: _____

Director of Nursing

Printed Name: _____

Date: _____

Signature: _____

This evaluation must be included in the applicant's documentation.

Deadline for submission is June 30, 2025.