

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

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

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

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

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