

Your  
Hospital's  
Logo  
Here

# BEHAVIORAL HEALTH SERVICES

## Job Performance Observation & Improvement Plan

EMPLOYEE'S NAME:	DATE:	UNIT:	TITLE:
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**OPPORTUNITY(IES) FOR IMPROVEMENT EXIST WITH REGARDS TO YOUR PERFORMANCE IN THE FOLLOWING AREA(S):**

<input type="checkbox"/> MAINTAINING A PROFESSIONAL ENVIRONMENT <input type="checkbox"/> Noise Level <input type="checkbox"/> Prompt Patient Response <input type="checkbox"/> Confidentiality <input type="checkbox"/> Safety <input type="checkbox"/> MEDICATION ADMINISTRATION ISSUE or CONCERN <input type="checkbox"/> PATIENT DOCUMENTATION <input type="checkbox"/> PATIENT CARE, Specifically: _____ _____ _____	<input type="checkbox"/> COMMUNICATION <input type="checkbox"/> UNIT GROUPS <input type="checkbox"/> ATTENDANCE OF MANDATORY CONTINUING EDUCATION CLASSES <input type="checkbox"/> RETURNING FROM BREAK and/or MEAL BREAK ON TIME <input type="checkbox"/> SHIFT TO SHIFT REPORT <input type="checkbox"/> FOLLOWING ADMINISTRATIVE DIRECTIONS, Specifically: _____ _____ <input type="checkbox"/> OTHER, Specifically: _____ _____ _____
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ADDITIONAL COMMENTS:

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IMPROVEMENT PLAN:

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Please note that this form is being placed in your file for future reference. It may be used to assist in developing your evaluation and subsequent progressive discipline. This form is not a Disciplinary Action Form, but rather a mechanism to ensure that employees are notified in a timely manner of performance that requires improvement. If you would like to request a meeting to discuss this notice, please contact your Director, Assistant Manager or Nurse Educator.

ADMINISTERED BY:	TITLE:	DATE:
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**FOR ADMINISTRATIVE USE ONLY:**

CONFERENCE REQUESTED                      SCHEDULED DATE OF CONFERENCE: \_\_\_\_\_

CONFERENCE OUTCOME: \_\_\_\_\_

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EMPLOYEE SIGNATURE:	DATE:	SUPERVISOR'S SIGNATURE:	DATE:
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White Copy = **FILE**

Yellow Copy = **EMPLOYEE**