RN/LPN NURSING SUPERVISOR'S REPORT

MONITOREE (Nurse's Name): _____ **MONTH DUE:**_____
(Please Print or Type) (Report is Due Last Day of the Month)

In order to meet requirements with the Nevada State Board of Nursing, because my license has been placed on probation, I need to have you complete the following report. (You may use the back of this page for additions.)

1. Attendance. Please itemize any absenteeism and reasons for the absences, and provide average hours worked per pay period.

   _____

2. Job Performance.
   a. Consistently carries out assigned nursing functions. ___Yes ___No
   b. Consistently handles work stress/stressors appropriately. ___Yes ___No
   c. Complies with all rules, policies and procedures. ___Yes ___No
   d. Displays consistent behavior pattern without upsets or changes. ___Yes ___No

Please use the space below to provide and explanation for "No" answers or for any additional comments you might have.

_____

_____

3. Has the nurse been warned/counseled for any reason? (Describe)

_____

_____

_____

4. Has the nurse had access to controlled substances? ___Yes ___No ___No Restriction
5. Has the nurse been placed in a position where he/she is "In Charge"? __Yes __No __No Restriction
   ("Charge Nurse" means a first line manager who has basic skills in supervision and leadership and has the authority to so function.)
6. Please submit any additional information you feel would assist the Nevada State Board of Nursing in its review of the nurse's case. (You may use the back of this page for additions.)

NURSING SUPERVISOR'S NAME: _____
(Please Print or Type)

_____ _____
Position/Title **Signature of Supervisor** **Date**

Please send to: Nevada State Board of Nursing
5011 Meadowood Mall Way, #300
Reno, Nevada 89502
Fax: 775-687-7729
PHONE 1-775-687-7723

Revision approved by the Disability Advisory Committee on October 19, 2007