

Louisiana Physical Therapy Board

2110 W. Pinhook Rd., Ste. 202 | Lafayette, Louisiana 70508

Phone 337-262-1043 | Fax 337-262-1054

www.laptboard.org | info@laptboard.org

RPTP PERFORMANCE EVALUATION FOR PERIOD COVERING: _____
(Months Covered) (Year)

Licensee : _____

Facility: _____ Phone: _____

Address: _____ City/State/Zip: _____

Position: _____ Phone: (____) _____ Sched/Hrs Worked: _____

**Please rate by circling the appropriate number and provide comments in the space provided.
(Excellent = 5; Above Average = 4; Average = 3; Needs Improvement = 2; Poor = 1)**

<u>Work Performance</u>	<u>Rating</u>	<u>Comments</u>
Attendance:	5 4 3 2 1	_____
Absent Days ____ (Circle: W / WO Explanation)	Tardy Days ____ (Circle: W / WO Explanation)	
Adheres to Work Place Policies/Procedures:	5 4 3 2 1	_____
Record Keeping:	5 4 3 2 1	_____
Organizes/Plans Work/Completes Assignments:	5 4 3 2 1	_____
Demonstrates Skill in Practice	5 4 3 2 1	_____
Manages Stressful Situations:	5 4 3 2 1	_____
Handles Complex Tasks/Functions Independently:	5 4 3 2 1	_____
Exhibits Appropriate Decision Making Skills:	5 4 3 2 1	_____

<u>Interpersonal Relations</u>	<u>Rating</u>	<u>Comments</u>
Works as a Team Member:	5 4 3 2 1	_____
Communications Skills:	5 4 3 2 1	_____
Professional demeanor with clients/peers:	5 4 3 2 1	_____
Professional in Appearance:	5 4 3 2 1	_____

Professional behavioral changes/concerns: _____

Other Comments: _____

Commendations, counseling, other action [attach documentation to Performance Evaluation].

Worksite Monitor's Signature: _____ Date: _____

Printed Name/Title: _____

Worksite Monitor's Telephone Number: (____) _____ Email: _____

Reviewed with PT?PTA? Yes ____ No ____ If no, Explain: _____

PT/PTA's Signature: _____ Date: _____

Please mail ORIGINAL Performance Evaluation to Louisiana Physical Therapy Board, FAXED REPORTS WILL NOT BE ACCEPTED.