**Candidate’s Performance Appraisal Checklist**

This form should be completed by the CAP candidate’s direct supervisor/manager and be included in the candidate’s CAP manual. This form will take the place of the candidate’s performance review in the CAP manual.

**Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline: PT OT ATC Advancing Level: III IV**

 **YES NO**

Consistently demonstrates CREDO behaviors \_\_\_\_\_ \_\_\_\_\_

Meets expectations regarding documentation \_\_\_\_\_ \_\_\_\_\_

in accordance with Key Functions/Chart Review

Demonstrates appropriate leadership qualities while \_\_\_\_\_ \_\_\_\_\_

maintaining a positive work environment as indicated

on peer reviews

Is eligible for advancement by meeting department’s \_\_\_\_\_ \_\_\_\_\_

Productivity expectations

Has been observed providing excellent care while \_\_\_\_\_ \_\_\_\_\_

adhering to Vanderbilt and JCAHO standards during

Manager’s Observations

Has achieved and/or updated yearly goals \_\_\_\_\_ \_\_\_\_\_

Other comments regarding this candidate’s performance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm, as this candidate’s direct supervisor/manager, that this candidate is in good standing with my department and eligible to advance by meeting all expected standards in the candidate’s annual performance review.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_