

Seminole County EMS System

Daily Performance Evaluation Report

Provisional Paramedic Name:		ID#	Date:						
Mentor Name:		Station:	Shift:						
Directions: This evaluation must be completed every shift during the mentoring process. Document specific skills performed, call types and run numbers on the reverse side. Any categories marked Needs Improvement or Unsatisfactory require comments on the reverse side of this form		Ratings: O – Outstanding S – Satisfactory NI – Needs Improvement U – Unsatisfactory N/A – Not Applicable		Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable	
Scene Management									
Safety and adequacy of work environment	Determines safety for self and others Insures the adequacy of the work environment			<input type="checkbox"/>					
Body Substance Isolation	Adheres to Agency policy			<input type="checkbox"/>					
Crowd/Scene Control	Initiates appropriate crowd/scene control			<input type="checkbox"/>					
Additional Assistance and equipment	Recognizes the need for additional resources			<input type="checkbox"/>					
Leadership	Assumes a leadership role on a scene Directs team members appropriately			<input type="checkbox"/>					
Professionalism	Performs well under stress and uses good judgment			<input type="checkbox"/>					
Assessment									
Primary assessment and intervention	Recognizes the need for and performs a complete primary assessment and intervenes immediately			<input type="checkbox"/>					
Patient information	Obtains relevant and accurate patient history, in a systematic manner (Secondary Assessment)			<input type="checkbox"/>					
Physical examination	Performs an appropriate examination as indicated			<input type="checkbox"/>					
Treatment									
Assessment interpretation	Interprets assessment information correctly Takes appropriate action			<input type="checkbox"/>					
Recognition of Cardiac rhythms	Recognizes dysrhythmias and intervenes when appropriate			<input type="checkbox"/>					
Patient management	Recognizes the need for further medical attention Determines appropriate mode of transport Transports to an appropriate facility			<input type="checkbox"/>					
Patient response to therapy	Recognizes and reports the patient's response to therapy			<input type="checkbox"/>					

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Communications								
Rapport with patient and bystanders	Establishes and maintains a rapport with the patient and bystanders			<input type="checkbox"/>				
Team members or other agencies	Establishes appropriate working relationships with all persons on scene			<input type="checkbox"/>				
Communication with hospital personnel	Reports all information in a systematic manner			<input type="checkbox"/>				
Documentation								
Report writing	Reports are clear, accurate and complete in details			<input type="checkbox"/>				
Grammar and spelling	Provisional paramedic is able to use proper grammar and spelling when completing reports			<input type="checkbox"/>				
Appropriate time used	Provisional paramedic is able to finish the report in a timely manner given circumstances surrounding the call			<input type="checkbox"/>				
Equipment								
Inventory Maintenance	Assists in maintaining assigned inventory			<input type="checkbox"/>				
Equipment operation	Demonstrates the ability to correctly operate all medical equipment			<input type="checkbox"/>				
Treatment Skills	Performs all skills according to recommended procedures			<input type="checkbox"/>				

Incident Report #					
(Document report number and mentor will verify report review for all reports generated by provisional paramedic with initials)					
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
IR#:	<input type="checkbox"/>	IR#:	<input type="checkbox"/>		
Comments					
(Use additional sheet if necessary)					

Provisional Paramedic Signature

Mentor Signature