



# Performance Development Review Report

## REGISTERED NURSE

Registered Nurse: \_\_\_\_\_

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

Manager: \_\_\_\_\_

### Directions:

*In the boxes on the left, please check which of the following materials are included with this report. On the right, please indicate how many documents of each type are attached.*

	<b>Number Attached</b>
<input type="checkbox"/> Statistics Summaries	_____
<input type="checkbox"/> Peer Reviews	_____
<input type="checkbox"/> Review of Department-Assigned Tasks	_____
<input type="checkbox"/> Other optional documents (please list).	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Performance Development Activities

*Directions: List performance development activities completed since your last review.*

Activity	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Community Service Activities (optional)**

*Directions: Describe briefly any work-related committees you served on, activities undertaken, etc., within or outside BCIT since your last review.*

**Significant Accomplishments (optional)**

*Directions: Describe briefly any work-related items of achievement that you feel will help your manager get a fuller picture of you during this review period.*

**Reviewee's Comments**

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

**Professional Development Plan # \_\_\_\_\_**

(You may include multiple plans by copying this table for each additional objective).

**Objective:**

Briefly describe your goals.

**Implementation Plan:**

Briefly describe what is needed to accomplish your objective.

**Proposed Timeline**

**Manager's Initials** \_\_\_\_\_

**Nurse's Initials** \_\_\_\_\_

(Initials indicate Manager will support the implementation plan including applications for leave and/or funding).