

PCS Worker Signature

PSC Initial 14-day Evaluation Form

Date

PSC Worker Name			Student Name		
			Date		
Supervising RN Name			Date		
This assessment must be assigned s			N with 14 days of the PSC st be kept on file in the P		ork with their
Skill	Pass/Fail	Notes			RN Initials
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The assessr	ment of Pass of Fa	ail is left to the p	orofessional judgment of	the supervising RN.	

RN Signature

Date