



Manatee County EMS Auxiliary

Performance Evaluation

Name: _____ Date: _____ Station: _____

Charge Medic: _____ Number of Calls: _____

Evaluation Criteria

4 = Excellent 3 = Satisfactory 2 = Needs Improvement 1 = Unsatisfactory 0 = N/A

Rating

	Rating
Overall Performance	
Evaluation Scene Control	
<i>Safety</i>	
Patient Assessment Skills	
<i>Primary Assessment</i>	
<i>Secondary Assessment</i>	
<i>Arrhythmia Assessment</i>	
<i>Assessment Interpretation</i>	
<i>Flow of Assessment</i>	
Treatment Skills	
<i>Airway Control</i>	
<i>C-Spine Control</i>	
<i>Advanced Airway</i>	
<i>Oxygen Administration</i>	
<i>Suctioning</i>	
<i>I.V. Technique</i>	
<i>M.A.S.T. Suit</i>	
<i>Drug Administration & Dosage</i>	
<i>Bandaging / Splinting</i>	
<i>Spinal Immobilization</i>	
<i>Cardioversion / Defibrillation</i>	
<i>C.P.R</i>	
Communication Skills	
<i>Documentation</i>	
<i>Oral Report – Patient Report – Telemetry</i>	
Team Skills	
<i>Ability to Work Under Stress</i>	
<i>Professional Attitude</i>	
<i>Rapport with Others</i>	
<i>Adheres to Safety and Organizational Rules and Regulations</i>	
Professional Development	
<i>Self Motivation</i>	
<i>Uses Time to Expand His/Her Knowledge Base</i>	