



EVALUATION FORM
Direct Care Staff

Date of Hire: 7/31/16 Name: Tammy Gillis Date: 7/31/19

- A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employees supervisor. Based on the 3 items listed below, please check the rating box for each category which most closely identifies the employee's annual performance and competency levels.
1. YES (Y): All standards/expectations are met in that Category.
 2. NO (N): None if the standards/expectations were met in that Category.
 3. INCOMPLETE (I): Some of the standards/expectations were met in that Category.

Competency Category	Y	N	I	Explanation of Rating
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy is always present for all shifts scheduled and on time.
Completes electronic & paper documentation correctly at the end of each shift. As evidenced by incomplete documentation. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Tammy has had instances of incomplete progress notes or unsealed progress notes and missing daily care logs. However Tammy is continuously working on improving this area.
Mandatory Reporting is done on time, when required. (ie: abuse, neglect, AWOLs, etc..) As evidenced by Incident Report or Reports from internal or external parties.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Tammy has missed completing event reports in the past, but has come in to complete them when asked.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy does follow all policies and procedures and has not had any progressive actions.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy completes additional assignments than what is asked of her and works above and beyond what is expected.
Complete shift duties, including daily cleaning tasks, assists & interacts with residents and follows activities schedule. As evidenced by Progress Notes, no Progressive Actions and appearance of home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy is very organized, completes all tasks and additional duties, and has great rapport with the residents.
Prepares, implements and follows the Dietary needs of all residents. (Menus, Diet Orders) As evidenced by documentation on menus and observation of meals being served.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy does follow the dietary needs of the residents and prepares meals in accordance to the dietary needs.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy has not missed any trainings scheduled.
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tammy does follow all treatment and/or behavior plan goals and objectives and assists other staff with the goals.



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Tammy has a great rapport with residents and is able to de-escalate most situations quickly and effectively.
2. Tammy is very thorough with training new staff and completing the orientation process.

Areas for Development:

- 1. While Tammy is thorough with training new staff, Tammy could use additional training in leadership development.
2. Tammy, at times, has a difficult time with change, mostly in regards to HCBS guidelines. Tammy could use additional training about HCBS.

B. Please state at least two goals/objectives you would like to accomplish in the next year:

- 1. Goal: Leadership training & responsibilities
How will I get there?: Training
2. Goal: More aware of changes with HCBS policies.
How will I get there?: Training per management

Are annual In-Service Trainings complete? [X] Yes [] No
If no, when are they scheduled? _____

Is TB test current (3 years)? [X] Yes [] No
If no, one needs to be scheduled immediately.

Is Annual Health Review Form current? [X] Yes [] No
If no, one needs to be filled out immediately.

Is Driver's License current/valid? [X] Yes [] No
If no, needs to be renewed immediately.

Tammy A. Debi
Employee Signature

7/31/19'
Date

[Signature]
Evaluator's Signature

7/31/19
Date