



## EVALUATION FORM

Direct Care Staff

Date of Hire: 9/21/18 Name: Carlie Heath Date: 9-20-19

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"/>	Carlie does come in for all scheduled shifts.
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"/>	Carlie does well with completing progress notes at the end of her shift. However, Carlie recently received a discussion on not thoroughly going through the PC/BP Binder to verify signatures.
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carlie does complete ERs/IRs when necessary.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carlie has not had any PA's this year.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carlie does complete tasks that are asked of her.
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"/>	Carlie does complete all shift duties and does well with interacting with the residents, for example, Carlie will paint and do activities 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"/>	Carlie does follow all dietary guidelines and follows all policies and procedures in relation to food and meals.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Carlie has missed two staff meetings in the past.
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"/>	Carlie does adhere to resident goals and works on the goals at each shift.



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Direct Care Staff

Strengths:

1. Carlie works well the residents and has good rapport with all residents.
2. Carlie is great with completing her shift duties. Carlie is very thorough with her daily tasks.

Areas for Development:

1. Carlie could improve on ensuring she is available for all mandatory meetings.
2. Carlie has not showed interest in leveling up within the company. Carlie could gain more knowledge with knowing the policies and procedures and take level tests.

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

1. Goal: Being More confident when talking w/residents  
How will I get there?: making small talk everyday of work.
2. Goal: Try to be more available  
How will I get there?: figure out my schedule out of work.

Are annual In-Service Trainings complete?  Yes  No  
If no, when are they scheduled? \_\_\_\_\_

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

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

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

Carlie Smith  
Employee Signature

9.20.19  
Date

[Signature]  
Evaluator's Signature

9-20-19  
Date