



EVALUATION FORM

Direct Care Staff - Level V

Date of Hire: 9-30-2015 Name: Stacy Milliken Date: 4-17-20

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
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	Does not call off -
Administers medication for all clients in the home	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy does a good job with medications
Completes new client orientation in a timely and effective manner. Makes the client feel welcome and at home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy is liked by all clients and makes it feel like home
Training and completion of the orientation checklist with new employees is done properly and in a timely manner	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy wants to make sure new employees are trained
Assists in coverage of houses when needed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy is working and will come u when available
Participates in the interview and evaluation process when requested	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy will assist when it comes to evaluation
Ensures daily and monthly vitals and weights are recorded and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stacy will make sure that weights & vitals are done
Maintains and completes accurate sharps, cigarette, and phone logs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always checking logs, sharps are done.
Has a strong understanding of the fire drill procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Has done a lot of fire drills & know the procedures
Prepares craft and activity ideas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does alot of these on the weekend



EVALUATION FORM

Direct Care Staff - Level V

Strengths:

- 1. Has built good relationships with residents
- 2. Very dependable

Areas for Development:

- 1. Learn new procedures and policies
- 2. Learn more responsibility to level up

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

- 1. Goal: Being more stern with staff when not doing duties.
How will I get there?: Start with giving daily duties
- 2. Goal: Start training for Level 6
How will I get there?: Train

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.

Stacy Muecke
Employee Signature

4-17-20
Date

Roberta Clemens
Evaluator's Signature

4-17-20
Date

Roberta Clemens
Home Manager's Signature

4-17-20
Date