



EVALUATION FORM
Direct Care Staff - Level V

Date of Hire: 5/8/17 Name: Crystal Straub Date: 5/7/2020

A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employee's 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 checked="" 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"/>	
Administers medication for all clients in the home	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
Assists in coverage of houses when needed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Participates in the interview and evaluation process when requested	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has not been asked. Shows interest for future
Ensures daily and monthly vitals and weights are recorded and accurate	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Making sure thermometers are being used correctly / staff are using correctly
Maintains and completes accurate sharps, cigarette, and phone logs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Forgets cell phone's when out, not often, but occasionally reminding to keep cig. butts picked up.
Has a strong understanding of the fire drill procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes when asked trans new staff
Prepares craft and activity ideas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Goes above expectations to work w/ residents and staff.



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Strengths:

- 1. Works well with others - adapts to different staff can mentor appropriately
2. Work well with residents. ability to adjust and assist with challenges (ex: setting up shifts) activities

Areas for Development:

- 1. Continue to implement policies with staff/self. (ex: cell phones, breaks)
2. Continue to work on leadership skills utilizing Beacon resources/Leadership packet.

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

- 1. Goal: Work more with management, assisting with daily/weekly/monthly tasks
How will I get there?: Be available/flexible, communicate with managers.
2. Goal: To be able to fully train a grand new employee - Drive Test - DVA Inservice - Orientation Check list
How will I get there?: Be available/flexible, work HM/ATM

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.

Crystal Staub
Employee Signature

5/7/20
Date

[Signature]
Evaluator's Signature

5-7-2020
Date

[Signature]
Home Manager's Signature

5/7/2020
Date