



EVALUATION FORM

Direct Care Staff

Date of Hire: 03/12/2020 Name: Amber Johnson Date: 05/04/2020

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
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Please see attachment (#1)
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"/>	Please see attachment (#2)
Mandatory Reporting is done on time, when required. (e: 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"/>	Please see attachment (#3)
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Please see attachment (#4)
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Please see attachment (#5)
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"/>	Please see attachment (#6)
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"/>	Please see attachment (#7)
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Please see attachment (#8)
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"/>	Please see attachment (#9)



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Strengths:

1. The Relationships I have ~~not~~ built with residents.
2. Showing I care.

Areas for Development:

1. Charting.
2. On coming in on my scheduled shifts.

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

1. Goal: TO be an assistant manager.
How will I get there?: work hard to level up.

2. Goal: TO be able to finalize my charting.
How will I get there?: work on spelling and everything.

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.

Amber Johnson
Employee Signature

5-4-2020
Date

Evaluator's Signature

Date



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- 1) Amber Johnson has been on-time with some call offs as evidenced by her ADP timecard and scheduled shifts. Amber has missed some shifts, or has had fellow Staff cover partial shifts, as evidenced and approved by Home Manager. Amber did have to miss a few scheduled shifts for personal reasons; however, this was approved by Home Manager and District Director.
- 2) Amber completes most electronic and paper documentation correctly prior to her scheduled shift ending as evidenced by Progress Note finalization and paper documentation tracking. Amber did have a few missing/incomplete Progress Notes. However, Amber completed the missing/incomplete Progress Notes in a timely manner as evidenced by NextStep Progress Note finalization. Amber is not currently able to finalize her own Progress Notes and will benefit from further trainings.
- 3) Amber completes all mandatory reporting as evidenced by incident/event reports. Amber is very diligent in reporting incident/events verbally as well as reporting on required documentation as evidenced by Home Manager.
- 4) Amber follows all company Policies and Procedures as evidenced by no Progressive Actions.
- 5) Amber completes all daily tasks assigned as evidenced by Home Manager and no Progressive Actions.
- 6) Amber completes all shift duties including daily cleaning tasks and assisting and interacting with residents as evidenced by no Progressive Actions and appearance of the Home. Amber interacts well with most residents and assists residents with reaching their goals as evidenced by the Home Manager.
- 7) Amber prepares, implements and follows all dietary needs of all residents as evidenced by documentation on menus and Home Manager observation.
- 8) Amber attends all mandatory meetings as evidenced by sign-in sheets and Home Manager.
- 9) Amber adheres to the Treatment and/or Behavior Plan goals and objectives as evidenced by Progress Notes and Home Manager observation.