



EVALUATION FORM

Assistant Home/Program Manager - Level VI

Date of Hire: 10/26/2017 Name: Felisha Battice 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 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"/>	
Reviews electronic & paper documentation at the end of each shift. As evidenced by incomplete documentation & spot audits. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All appointments are scheduled and completed on time. As evidenced by Provider Contact Sheets and no internal or external complaints.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	When attending/assigning staff to appts. make sure to give direction/allow time to prepare appt.
Medication Rooms are clean and organized. As evidenced by Medication Room Audits.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medications are always available. As evidenced by Weekly Medication Counts and Medication Administration Records.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exceeds expectations and works with Pharmacy
All Provider Contact Sheets and communication with Internal/External parties are entered into Medical Notes on time. As evidenced by date comparison and/or no documentation or follow-up.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	will work on weekly reports.
Completes assignments from Home Managers. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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Strengths:

- 1. When Felisha sets a goal for herself she takes it seriously and follows
- 2. Has ability to juggle all aspects of home while still supporting through staff and manager and residents.

Areas for Development:

- 1. To learn ways to approach staff more firmly - ^{get outside of comfort zone - speak}
- 2. Communicating with staff - delegating - then following up with them.
 Not just doing it for them.

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

- 1. Goal: Complete AHM Reports more timely/turn in on time
How will I get there?: "Just Do It", work with co-workers so they can cover you while I reside
- 2. Goal: To be able to up train staff to meet expectations of the resident care
How will I get there?: Practice getting staff's full attention when attempting to mentor,
 Engagement with staff.

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.

Employee Signature _____

Date 5-7-2020

Evaluator's Signature _____

Date 5/7/2020

Human Resource's Signature _____

Date _____