



**EVALUATION FORM**  
Direct Care Staff

Date of Hire: 8/26/2019 Name: Amber Fowler Date: 7/15/2020

- 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Amber is always on time for her shifts and covers shifts as needed, regularly.
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Amber completes all documentation on time and very thoroughly.
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"/>	Amber completes all reporting on time without issues.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Amber follows all policies and has not had any PA's.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Amber goes above and beyond to complete all tasks given to 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"/>	Amber completes all shift duties with no issues and is a team player by helping others.
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"/>	Follows all diet orders with no issues.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Amber attends all meetings and trainings with no issues.
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"/>	Adheres to all IPOS/BTP and documents very well.



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Planning and completing activities in the home and community.
2. Builds strong and trusting relationships with the residents.

Areas for Development:

- 1. Continue to grow with the company by continued training and leveling up.
2. Keeping yourself professional with coworkers when in the home. Come to HM when there is confrontation.

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

- 1. Goal: Learn how to do weekly medication count
How will I get there?: requesting training
2. Goal: Becoming a lead.
How will I get there?: training and pass the test.

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.

[Handwritten Signature]
Employee Signature

7/15/2020
Date

[Handwritten Signature]
Evaluator's Signature

7/15/2020
Date