



EVALUATION FORM

Direct Care Staff

Date of Hire: 7/30/19 Name: Robert Hilliard Date: 6/08/2020

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"/>	Amazing attendance and covers shifts in other homes consistently.
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"/>	Completes all documentation on time and with detail.
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"/>	Reports as needed, 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"/>	Follows policy and procedure without issues.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes all assignments without issues, and does maintenance work as needed.
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"/>	Completes all shift duties and has amazing relationships with those we care for.
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.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Has attended all meetings and trainings as scheduled.
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"/>	Encourages and assist clients with goals and documents.



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Strengths:

- 1. Bob has amazing relationships with those we care for and utilizes gentle teaching daily.
2. Completing maintenance issues promptly when things can't wait.

Areas for Development:

- 1. I would like to see Bob in a higher level, management has talked to him about the level system.
2. Continued training to grow with the company.

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

- 1. Goal: finish additional testing / level up
How will I get there?:
2. Goal: either work less or become full time
How will I get there?:

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

6/19/20

Date

[Handwritten Signature]

Evaluator's Signature

6/8/2020

Date