



EVALUATION FORM

Direct Care Staff

Date of Hire: 7/30/19 Name: Lisa Hilliard Date: 6/8/2020

- 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"/>	Always show up for scheduled shifts as well as picking up shifts at all local homes.
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"/>	Always completes documentation but would like to see more 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"/>	No issues in this area.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows all policies and asks questions when needed.
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 with no issues.
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 duties as required 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"/>	Follows all plan/goals by encouraging and assisting daily.



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Strengths:

- 1. Lisa has developed great relationships with staff and residents. Very down to earth!
2. Willing to work at any home at any time to help, with no complaints.

Areas for Development:

- 1. Needs more detail in her documentation.
2. I would like to see Lisa level up. I have discussed the level system with her.

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

- 1. Goal: I would like to level up. How will I get there?: Monica will assist me.
2. Goal: Learn more about medications. 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. State ID - can't drive

Employee Signature: Lisa Hillard
Evaluator's Signature: M. Caherty

Date: 6/15/20
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