



EVALUATION FORM

Direct Care Staff

Date of Hire: 4/22/2020 Name: Melinda Bollinger Date: 7/20/2020

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"/>	Melinda is always on time and goes above and beyond picking up extra shifts and 18 hours days.
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"/>	Melinda completes all electronic and paper documentation on her shift. Melinda has been very helpful in training new staff on all documentation.
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"/>	Melinda gets all reporting done on time and has helped insure others are getting this done as well.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Melinda follows all policies and procedures shows new staff where policies are and how to find them.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Melinda completes all task giving to her by management and is willing to learn new task.
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"/>	Melinda completes all her shift duties and is helpful to her coworkers when they need assistance.
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"/>	Melinda not only follows residents dietary needs but worked really hard with one residents learning diabetic needs.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Melinda has attended all meeting both in person and via teams.
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"/>	Melinda insures to follow all residents plans and works with all parties when help is needed to change a plan.



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Strengths:

1. Melinda is always willing to help co workers and management with all home needs. _____
2. Assasinating residents with daily needs. _____

Areas for Development:

1. Continue to shut down the gossip. Be positive. _____
2. Work on communications skills. _____

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

1. Goal: Continue to grow with Beacon. _____
How will I get there?: Work on climbing the level system. _____
2. Goal: I want to move up in the company. _____
How will I get there?: Level up and still go above and beyond _____

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.

Melinda Bollinger
Employee Signature

7-20-20
Date

Evaluator's Signature

Date