



EVALUATION FORM
Direct Care Staff

Date of Hire: 3/16/2020 Name: Bethany VanHolt Date: 8/3/20

- 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"/>	On time and willing to stay over as needed
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 promptly and in 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"/>	Completes all reports on time and properly
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Progressive actions
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 assigned 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"/>	Completes all duties promptly and follows schedules
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"/>	Attends all scheduled meetings and trainings
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 PCP + Behavior Plans



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Does well following treatment and Behavior Plans.
- 2. Completes assigned task in a timely manner.

Areas for Development:

- 1. Continue gaining knowledge of Company policies and procedures.
- 2. Continue assisting residents learn new coping skills.

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

1. Goal: Become a lead
 How will I get there?: Level up

2. Goal: Be a better staff.
 How will I get there?: learn as much as I can about the clients.

Are annual In-Service Trainings complete?
 If no, when are they scheduled? _____

Yes No

Is TB test current (3 years)?
 If no, one needs to be scheduled immediately.

Yes No

Is Annual Health Review Form current?
 If no, one needs to be filled out immediately.

Yes No

Is Driver's License current/valid?
 If no, needs to be renewed immediately.

Yes No


 Employee Signature

8/3/20
 Date

S. Freisling
 Evaluator's Signature

8/3/20
 Date