BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 5/26/20 Name: David Fraizer Date: 8/6/20

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.		✓		David has many Clock in times that are late
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)		✓		No, David has not been Charting his Clients on his Shifts
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.	✓			
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.			✓	awaiting a decision from HR on PA for misuse of property
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	✓			
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.	✓			
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.	✓			
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.			✓	Scheduling Conflicts
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	✓			

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Strengths:
1. Great rapport w/ Clients
2. Good attitude while working

Areas for Development:
1. Charting on Clients
2. timeliness

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

1. Goal: Advance to Level 2
   How will I get there?: Learn more of the Job
2. Goal: Try to become a house manager
   How will I get there?:

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.

Employee Signature — Date: 8-6-20

Evaluator's Signature — Date: 8/6/20