



# BEACON Specialized Living

## EVALUATION FORM

Direct Care Staff

Date of Hire: 6/18/18 Name: Sidney Crow Date: 7-16-20

A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employee's 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has been late several times also has called off a few times
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"/>	
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"/>	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs to ensure she comes to work on time
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	



# BEACON Specialized Living

## EVALUATION FORM

Direct Care Staff

Strengths:

- X 1. Wanting to understand each clients emotions, background and behaviors
- X 2. Understanding all of my job functions and staying on top of new rules and regulations.

Areas for Development:

- X 1. Arriving on time
- X 2. not calling in

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

- X 1. Goal: Becoming Lead again  
How will I get there?: Learn new tasks, and asking more questions.

- X 2. Goal: Arriving on time.  
How will I get there?: Setting alarm for early and going to bed at a decent time.

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.

X Sandra Carr  
Employee Signature

7-16-20  
Date

Ann Stiles  
Evaluators Signature

7-16-20  
Date