



EVALUATION FORM
Direct Care Staff - Level V

Date of Hire: 8/19/2019 Name: Abigail Gast Date: 7/27/2020

- 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
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
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 left Shift without coverage.
Administers medication for all clients in the home	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Administers all medications as Prescribed
Completes new client orientation in a timely and effective manner. Makes the client feel welcome and at home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assist new clients with setting in.
Training and completion of the orientation checklist with new employees is done properly and in a timely manner	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes documentation with new hires as requested.
Assists in coverage of houses when needed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has stayed over but has also left Shift, and moved to nights when needed
Participates in the interview and evaluation process when requested	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Participates if requested
Ensures daily and monthly vitals and weights are recorded and accurate	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has to be reminded and Prompted to complete
Maintains and completes accurate sharps, cigarette, and phone logs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Does not make Sure Sharps Count is done at the end of Shift.
Has a strong understanding of the fire drill procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Complete Fire drills as necessary.
Prepares craft and activity ideas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	engages in Craft projects w/ Clients



BEACON
Specialized Living

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Strengths:

1. Documentation is very detailed giving reader a clear understanding.
2. Very observant in medication room.

Areas for Development:

1. Continue to learn company policies and procedures.
2. Need to check staffs work for completion and accuracy daily.

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

1. Goal: continue to gain knowledge of company policy/procedures
How will I get there?: complete all trainings and use house managers as resources
2. Goal: continue to build relationships w/ staff & residents to better serve residents
How will I get there?: continue talking, working together, and encouraging good completion

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.

[Signature]
Employee Signature

8/19/20
Date

[Signature]
Evaluator's Signature

8/19/20
Date

[Signature]
Home Manager's Signature

8/19/20
Date