



EVALUATION FORM

Direct Care Staff

Date of Hire: 7/13/2019 Name: Erin Clayton Date: 5/14/2020

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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Works all assigned shifts. Will pick up additional 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 required documents on time and correctly |
| 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"/> | Promptly reports and completes required documents. |
| 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. Willing to take on additional |
| 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 type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | Has had to be reminded of activity schedule on occasion |
| 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 and menu |
| 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 required 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 individual plans as written |



EVALUATION FORM

Direct Care Staff

Strengths:

1. Does great engaging the clients in activity, including physical activity.
2. Always prepared with documentation and completes in a timely manner.

Areas for Development:

1. To continue gaining knowledge on company policies and procedures.
2. Completing home walk through at beginning and end of shifts.

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

1. Goal: To work my way to a lead
How will I get there?: Continue to excell, gain knowledge and prove myself.
2. Goal: To continue learning company policies and procedures
How will I get there?: Read over policies and procedures

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

C. Clayton
Employee Signature

5/14/20
Date

S. Freislinger
Evaluator's Signature

5/14/20
Date