BEACON
Specialized Living

EVALUATION FORM
Direct Care Staff

Date of Hire: **2/26/19**   Name: **Macey Smith**   Date: **6|12|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.	○	○	●	Has had call off's, typically finds own coverage.
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)	●	○	○	Completes all documentation on time
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.	●	○	○	All reporting is done on time and correctly.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	●	○	○	Good understanding of policies and procedures.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	●	○	○	Completes all assigned task and is always willing to do extra.
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.	●	○	○	Completes all required duties
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.	●	○	○	Follows all diet orders
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	○	○	●	Has missed meetings with prior approval.
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	●	○	○	Assist Clients with following treatment and behavior plan.

EVALUATION FORM
Direct Care Staff

Strengths:
1. Excellent at providing quality care to the residents.
2. Goes above and beyond every shift.

Areas for Development:
1. Continue to learn company policies and procedures.
2. Continue to gain comfort in the larger house.

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

1. Goal: Get more comfortable in med. room in big house.
   How will I get there?: Get more ~~expl~~ time in med room.

2. Goal: level up to lead. (level 5)
   How will I get there?: work in med room more, get fond w/policies.

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 7/28/20
                       Date

Evaluator's Signature 7/28/2020
                         Date