



EVALUATION FORM

Direct Care Staff

Date of Hire: 7/1/2019 Name: Tina Gale 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 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 of 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"/>	No call offs, willing to pick up extra shifts and to stay over 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 documents on time with supporting details
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"/>	All mandatory reporting is on time and factual.
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 and willing to do 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes all Shift 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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows diets and menu as it is written.
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
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 behavior and treatment Plans and Objectives as written



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Strengths:

- 1. Tina does great at assisting when short staffed and on short notice.
2. Tina is always willing to go above and beyond to help the residents.

Areas for Development:

- 1. Continue to learn policies and procedures.
2. Continue to learn new ways to handle challenging behaviors.

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

- 1. Goal: Level up to a 4-
How will I get there?: work on learning policies & learn more about handling challenging behaviors
2. Goal: Become House asst. Manager
How will I get there?: work hard on learning Policies -

Are annual In-Service Trainings complete? [X] Yes [] No
If no, when are they scheduled? _____

Is TB test current (3 years)? [X] Yes [] No
If no, one needs to be scheduled immediately.

Is Annual Health Review Form current? [X] Yes [] No
If no, one needs to be filled out immediately.

Is Driver's License current/valid? [X] Yes [] No
If no, needs to be renewed immediately.

[Handwritten Signature]
Employee Signature

7-28-2020
Date

[Handwritten Signature]
Evaluator's Signature

7-28-2020
Date