



EVALUATION FORM

Direct Care Staff

Date of Hire: 7-16-18 Name: Ginger Murray Date: 7-20-20

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always shows up
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"/>	All documentation are finishing
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 reports are done in real time
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows policies and procedures
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 assignment
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"/>	House is always clean
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 order
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 Training
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"/>	Knows the client Treatment/Behavior Plan



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Works with staff and residents
- 2. Knows the Policies and Procedures

Areas for Development:

- 1. Need to keep continuing learning new policies & procedure
- 2. Learning new programs when things are upgraded or change

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

- 1. Goal: RN, Xray Tech
How will I get there?: go back to school
- 2. Goal: Move up levels no higher than level 5 lead / no Asst or Manager position
How will I get there?: Take level up tests

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

7-20-20
Date

Roberta Clemens
Evaluator's Signature

7-20-20
Date