BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 6-22-2018 Name: Trivenna Baber Date: June 26, 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
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	⊗	○	○	Trivenna is dependable
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
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.	⊗	○	○	Knows when do an IR or ER
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	⊗	○	○	Knows Policies & Procedures
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	⊗	○	○	Complete all assigned assignments
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.	⊗	○	○	Do the cleaning of the home & 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 Diet Orders and Menus
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	⊗	○	○	Attends all mandatory meetings & training
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	⊗	○	○	Works with residents & document on their goals

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Strengths:
1. Gets along great with residents
2. Dependable and Trustworthy

Areas for Development:
1. Policies and Procedures as they change
2. Behavior Plans as they change

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

1. Goal: Go back to school
   How will I get there?: Apply for Classes

2. Goal: Buy another home
   How will I get there?: Apply myself

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.

Trinenna Barber — 6-26-20
Employee Signature — *Date*

Roberta Clemons — 6-26-20
Evaluator's Signature — *Date*