



EVALUATION FORM

Direct Care Staff

Date of Hire: 3-31-2015 Name: Kevin Sparks Date: 4-17-20

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"/>	Very dependable - shows up for his work
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"/>	Does complete all document 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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Kevin does report of any IR or ER
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows policies & 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"/>	Kevin completes all 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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Kevin complete all shift duties - no PA
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 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 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"/>	Knows his goals & objectives



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Dependable, trustworthy
- 2. Maintains good rapport with staff and our residents

Areas for Development:

- 1. Duties and Procedures
- 2. To learn about different things to move up in company

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

- 1. Goal: continuing my knowledge on mental illness and serve teacher
How will I get there?: study it more and develop better techniques.
- 2. Goal: _____
How will I get there?: _____

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

[Signature]
Employee Signature

4-17-20
Date

Roberta Clemens
Evaluator's Signature

4-17-2020
Date