BEACON
Specialized Living

3-4

EVALUATION FORM

Direct Care Staff

Date of Hire: 11-30-13 Name: Anneliese Doest Date: 10/2/2020

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.	X			
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)	X			
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.	X			
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	X			
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	X			
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.	X			
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.	X			
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	X			
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	X			

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Direct Care Staff

Strengths:
1. fully understand job gets along with clients
2. Asks questions when needed

Areas for Development:
1. better at delegating work with other staff members
2.

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

1. Goal: After being here nearly 10 years would like to feel in a position that show my seniority
   How will I get there?: Work the level system

2. Goal: learn and better understand the illnesses we work with
   How will I get there?: Keep current with mental illnesses

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.

Annelise Dart — 10-2-20
Employee Signature — Date

Kim Howard — 10-2-2020
Evaluator's Signature — Date