



EVALUATION FORM

Direct Care Staff - Level V

Date of Hire: 4-23-16 Name: Paula Brown Date: 9-29-20

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
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
Administers medication for all clients in the home	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes new client orientation in a timely and effective manner. Makes the client feel welcome and at home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Training and completion of the orientation checklist with new employees is done properly and in a timely manner	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assists in coverage of houses when needed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Participates in the interview and evaluation process when requested	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ensures daily and monthly vitals and weights are recorded and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Maintains and completes accurate sharps, cigarette, and phone logs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Has a strong understanding of the fire drill procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prepares craft and activity ideas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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Strengths:

1. Paula is a leader and has compassion
2. Motivates the people we support

Areas for Development:

1. Become more confident in my abilities
2. Allow myself to grow within the company

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

1. Goal: Embrace change
How will I get there?: work on understanding change has to happen
2. Goal: Relax!
How will I get there?: work on accepting to "go with the flow"

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.

Paula Brown
Employee Signature

9-29-20
Date

Jim Howard
Evaluator's Signature

9-29-20
Date

Jim Howard JD
Home Manager's Signature

9-29-20
Date