BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff - Level V

Date of Hire: _____ Name: Maria Garcia _____ Date: 10-13-20

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
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	✓			
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	✓			
Administers medication for all clients in the home	✓			
Completes new client orientation in a timely and effective manner. Makes the client feel welcome and at home.	✓			
Training and completion of the orientation checklist with new employees is done properly and in a timely manner	✓			
Assists in coverage of houses when needed	✓			
Participates in the interview and evaluation process when requested	✓			
Ensures daily and monthly vitals and weights are recorded and accurate	✓			
Maintains and completes accurate sharps, cigarette, and phone logs	✓			
Has a strong understanding of the fire drill procedures	✓			
Prepares craft and activity ideas	✓			

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Strengths:

1. Attendance
2. Client interaction

Areas for Development:

1. Continue to learn company policies and procedures
2. Continue to work on being confident in decision making

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

1. Goal: ______

   How will I get there?: ______

2. Goal. ______

   How will I get there?: ______

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.

Marie Dennis — 10/13/20
Employee Signature — Date

Laura Weber — 10-13-2020
Evaluator's Signature — Date

Laura Weber — 10-13-2020
Home Manager's Signature — Date