



EVALUATION FORM

Direct Care Staff

Date of Hire: 8/21/2019 Name: Ashley Williams Date: 10/20/20

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"/>	No missed shifts, will stay over, come in early, pick up etc.
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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has had to be reminded of necessary documentation and how to properly complete.
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"/>	Completes all required documentation
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is still learning policies and procedures, does great at following them.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Has needed to be reminded of cleaning tasks typically due to interacting with clients.
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"/>	Great at following all diet orders, likes to add to meals.
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 required 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"/>	Follows each clients plan fully.



BEACON
Specialized Living

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Strengths:

1. Great at providing the residents with assistance and showing them how to do things.
2. Very friendly and welcoming of new clients and staff making them feel wanted.

Areas for Development:

1. Continue to learn company policies and procedures.
2. Continue to gain knowledge in the medication room and further levels to continue advancing.

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

1. Goal: TO Complete all tasks On time.
How will I get there?: Manage my time Appropriately.
2. Goal: TO Level up to a Level 4 in the Next year.
How will I get there?: Work hard and show my boss i deserve it.

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.

Ashley Williams
Employee Signature

10/20/20
Date

S. Freislinger
Evaluator's Signature

10/20/20
Date