



EVALUATION FORM

Direct Care Staff

Date of Hire: 9-9-19 Name: Florence Lawson Date: 10-26-20

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"/>	usually on time calls when running late
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"/>	completes shift documentation w/out reminding
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 mandatory reporting & assist staff to ensure theirs is completed
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	under stands & adheres to company policies
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	one PA on 2/10/20 failure to complete medication count
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"/>	creates activities for consumers on the weekends also interacts w/ consumers. Ensure shift cleaning & duties are completed
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"/>	understands & follows diet orders
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	report for mandatory meetings. All training completed
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"/>	understands & follows IPOS & BTP plans



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Direct Care Staff

Strengths:

- 1. Training Others
- 2. Good Report w/residents

Areas for Development:

- 1. Better educate myself on uploading documents
- 2. Understanding More on behavior Plans (Implementation)

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

- 1. Goal: Get training from others on uploading
How will I get there?: _____
- 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

10/26/20
Date

[Signature]
Evaluator's Signature

10-26-20
Date