BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 10-7-19 Name: Jermaine Burrell Jr 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 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.	●	○	○	usually on time w/ no Attendance issues
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)	●	○	○	completes work w/ little to no reminders
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.	●	○	○	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	○	●	○	PA for speeding in company vehicle 69 in a 55
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	●	○	○	completes assigned tasks w/ minimal reminders from management
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.	●	○	○	Interacts appropriately w/ consumer and keeps consumers active to reduce behaviors
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.	●	○	○	follows & Document dietary orders as written
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	●	○	○	
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	●	○	○	works well w/ consumers follow treatment & Behavior plans

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Strengths:

1. Stays ON task
2. Hard working

Areas for Development:

1. How to handle situations when it comes to clients behaviors
2. _____

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

1. Goal: Level up / Better Pay
   How will I get there?: Take Level test and keep working
2. Goal: Try to Become Float / Lead
   How will I get there?: Train ~~to~~ under home manager. Learn How to pass meds

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.

_____ 10/26/20
Employee Signature *Date*

_____ 10-26-20
Evaluator's Signature *Date*