



EVALUATION FORM

Direct Care Staff

Date of Hire: 11-6-17 Name: Kelly Green 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"/>	regularly on time follow call off procedure & switch fills
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 documentation without 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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	reports on time
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	follows company policies
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	no PA's completes 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes duties w/out issues or needing to be reminded
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"/>	under stands menus can follow diet orders orders food for home
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	all training completed as assigned
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"/>	Completes notes and understands IPOS & BTPs



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Strengths:

- 1. getting along with my guys
2. make sure my notes + stuff get done

Areas for Development:

- 1. learning how to do print offs for appointments
2.

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

- 1. Goal: Someday to be asst manager
How will I get there?: learn more stuff + follow direction
2. Goal: ~~get~~ learn more then i already know
How will I get there?: ~~get~~ learn + pay attention, do more stifes

Are annual In-Service Trainings complete?
If no, when are they scheduled? _____

[X] 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.

[X] Yes [] No

Is Driver's License current/valid?
If no, needs to be renewed immediately.

[X] Yes [] No

Kelley Sher
Employee Signature

10/26/20
Date

[Signature]
Evaluator's Signature

10-26-20
Date