BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 4-29-13 Name: Thomas Frame 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.	✓			follows & understands call off procedures
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)	✓			finish documentation w/out 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.	✓			know how to Report and complies w/ investigations
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	✓			follow policies & procedures
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	✓			completes all assignments w/out reminder
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.	✓			
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 diet orders also assists w/ ordering food for home
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	✓			completes all train assigned
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	✓			understands IPOS + BTP

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Strengths:
1. Organizational ability
2. Working with new staff

Areas for Development:
1. Passing medications
2.

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

1. Goal: Keep working
   How will I get there?: Take care of myself.

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.

Thomas Frame — 10/26/20
Employee Signature — Date

10-26-20
Evaluator's Signature — Date