BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 11/30/2017 Name: Connie McCaig Date: 5/13/2020

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.	●	○	○	Always early to work, picks up shifts as needed
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)	●	○	○	All documentation done on time and accurately
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.	●	○	○	Does all documentation promptly
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	●	○	○	No P.As
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	●	○	○	Completes all assigned duties
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.	●	○	○	Completes all duties promptly and efficently
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 the menu and diet orders without any issues
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	●	○	○	attends all meetings/trainings
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	●	○	○	Follows plans and documents properly

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Strengths:

1. Excellent at interacting and engaging the clients in activities and physical exercise.
2. Great at giving details when doing documentation

Areas for Development:

1. Continue learning policies and procedures
2. Continue becoming comfortable with medications in the larger home.

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

1. Goal: To gain more knowledge and understanding of policies/procedures
   How will I get there?: I will Continue to read through policies online

2. Goal: To master and gain comfort in the larger medication rooms.
   How will I get there?: Continue to take on the task until Comfortable

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.

Conner McCain — 5/13/2020
Employee Signature — *Date*

S. Fren — 5/13/2020
Evaluator's Signature — *Date*