



**EVALUATION FORM**

Assistant Home/Program Manager - Level VI

Date of Hire: 8/29/17 Name: Teresa Merritt Date: 8/29/20

- 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 of 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"/>	Attends all scheduled shifts, stays over as needed as well as covers shifts.
Reviews electronic & paper documentation at the end of each shift. As evidenced by incomplete documentation & spot audits. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reviews documentations as necessary.
All appointments are scheduled and completed on time. As evidenced by Provider Contact Sheets and no internal or external complaints.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes all appointments and follow ups.
Medication Rooms are clean and organized. As evidenced by Medication Room Audits.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ensures medication rooms are clean.
Medications are always available. As evidenced by Weekly Medication Counts and Medication Administration Records.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Places medication orders and follows up with needed medications before they are gone.
All Provider Contact Sheets and communication with Internal/External parties are entered into Medical Notes on time. As evidenced by date comparison and/or no documentation or follow-up.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Uploads provider contact sheets as well as medical notes.
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 all required reporting.
Completes assignments from Home Managers. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes assignments as time allows.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows policies and procedures



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Strengths:

1. Does excellent at dealing with high conflict situations and gaining control of the situation.
2. Does great at assisting clients with understanding goals, daily responsibilities etc.

Areas for Development:

1. To continue to gain knowledge on other job duties so that assisting is easier.
2. \_\_\_\_\_

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

1. Goal: To be more efficient at my Job  
How will I get there?: learn to Prioritize My tasks to get them done Better
2. Goal: To learn more in General  
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

*Chessa Merritt*  
Employee Signature

8/29/20  
Date

*J. Freeman*  
Evaluator's Signature

8/29/20  
Date

\_\_\_\_\_  
Human Resource's Signature

\_\_\_\_\_  
Date