BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: _____ Name: Sydney Bonney Date 8/26/2020

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.	●	○	○	
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)	●	○	○	
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.	●	○	○	
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	●	○	○	
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.	●	○	○	
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.	●	○	○	

BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Strengths:
1. Works well with Residents.
2. Always willing to help

Areas for Development:
1. Be more Assertive
2. More Adaptable to the Situation at hand

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

1. Goal: Become more patient in Chaotic Situations
   How will I get there?: Breath, stay Calm and focus
2. Goal: Further my knowledge about the company
   How will I get there?: Read policies & Procedures

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.

Sydney Ramsey
Employee Signature

3-26-20
Date

Heather Shafley
Evaluator's Signature

8/26/2020
Date