



EVALUATION FORM

Direct Care Staff

Date of Hire: _____ Name: Robert Date: 5/20/2020

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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	



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Direct Care Staff

Strengths:

- Shows Leadership Skills
- Patient with Residents

Areas for Development:

- Be more assertive
- Take on more responsibilities to help advance in the company

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

- Goal: Be more aware of what causing a behavior
How will I get there?: by paying attention to when she stopped or what triggered them
- Goal: Allow Steven to be able to go outside
How will I get there?: by getting him out the house more frequently with backyard to start. RH

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.

Rait Hunt
Employee Signature

5/27/20
Date

Mark Shafley
Evaluator's Signature

5/20/2020
Date