BEACON Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 11/30/2017 Name: Connie McCaig Date: 11/30/20

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.	◉	○	○	Shows up for all scheduled shifts, will come in as needed as well.
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)	◉	○	○	Completes all required documentation on time with full detail.
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.	◉	○	○	Completes all necessary reporting
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	◉	○	○	Follows all policies and procedures, clear understanding of each
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	◉	○	○	Completes all assigned task promptly and completely
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 shift task, does in depth reporting and cleaning.
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 all diet orders, understands diets fully
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	◉	○	○	Attends all required meetings, trainings etc.
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	◉	○	○	Follows plans and is able to teach others individual plans

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Strengths:

1. Excellent at making others feel safe, welcomed and cared for.
2. Has a firm understanding of policies and procedures.

Areas for Development:

1. Needs to hold others accountable for their own tasks.
2. Continue to gain comfort with the larger medication rooms.

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

1. Goal: _____
   How will I get there?: _____

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.

_____ _____
Employee Signature *Date*

_____ _____
Evaluator's Signature *Date*