



EVALUATION FORM

Direct Care Staff

Date of Hire: 7-28-19 Name: Yolanda Benson Date: 8-3-20

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 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

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Strengths:

1. Help when help is needed mentally and physically
2. When I'm focused on thing some thing to try to stick to it.

Areas for Development:

1. Being more active and more social with people
2. Not taking things to the heart.

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

1. Goal: Owning my house / Finding a house
How will I get there?: Make that money and save and build up credit. credit.
2. Goal: becoming a R.N. (registered Nurse)
How will I get there?: Go back to school and finish

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