



EVALUATION FORM
Direct Care Staff

Date of Hire: 9-23-19 Name: Kimberly Beeching Date: 12-29-20

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.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Reminded multiple times of call off procedures & policies
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"/>	Completes all proper documentation as assigned assists in assuring others documentation is completed
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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Reminded multiple times of call off procedures & policies
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"/>	Finish most / all assigned tasks w/ little to no reminders from management
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"/>	Able to follow and properly document dietary orders as ordered by treating physicians
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"/>	Able to follow and implement behavior & treatment plans



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Strengths:

- 1. I show up to every shift.
2. I do whatever is asked of me.

Areas for Development:

- 1. My attitude.
2. ER's/IR's

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

- 1. Goal: Become permanent lead.
How will I get there?: Training.
2. Goal: Home manager?
How will I get there?: Train

Are annual In-Service Trainings complete?
If no, when are they scheduled?

[X] Yes [] No

Is TB test current (3 years)?
If no, one needs to be scheduled immediately.

[X] Yes [] No

Is Annual Health Review Form current?
If no, one needs to be filled out immediately.

[X] Yes [] No

Is Driver's License current/valid?
If no, needs to be renewed immediately.

[X] Yes [] No

Kly A. Bly
Employee Signature

12-29-20
Date

[Signature]
Evaluator's Signature

12-29-20
Date