



### EVALUATION FORM

Direct Care Staff

Date of Hire: 1-11-19 Name: Linda Graham 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 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.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Some issues w/ tardiness PA for NCNS
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 documentation w/ needing to be reminded by management
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"/>	Knows reporting process comply with all investigation
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	PA on 10/18/19 vulgar language in the home
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes all assignments assigned w/out needing to be reminded
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"/>	understands diet order and menus. completes menus w/out being reminded
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	All training complete finishes training quickly
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"/>	understands BTP & IPOS



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Strengths:

- 1. listener
2. problem solver

Areas for Development:

- 1. Talking under stress
2. do more preventive measures

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

- 1. Goal: to be a level 4
How will I get there?: taking test + training
2. Goal: getting out of debt
How will I get there?: be better at budgeting

Are annual In-Service Trainings complete? [X] Yes [ ] No
If no, when are they scheduled? \_\_\_\_\_

Is TB test current (3 years)? [X] Yes [ ] No
If no, one needs to be scheduled immediately.

Is Annual Health Review Form current? [X] Yes [ ] No
If no, one needs to be filled out immediately.

Is Driver's License current/valid? [X] Yes [ ] No
If no, needs to be renewed immediately.

Linda Graham
Employee Signature

12/30/20
Date

[Signature]
Evaluator's Signature

12/30/20
Date