



**EVALUATION FORM**  
Direct Care Staff

Date of Hire: 9/15/2020 Name: Marcus Williams Date: 1/25/2021

- 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marcus has never been late, and always finds coverage when he need a shift covered
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"/>	No Progressive Actions
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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Strengths:

1. Leadership
2. Pass experiences/ Job history he knows this line of work.

Areas for Development:

1. Needs to be more detailed in some of his work
2. Be more involved to learn more about the Beacon system

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

1. Goal: Gain more knowledge about the company  
How will I get there?: Sit in on meetings and ask management questions
2. Goal: Wants to grow within the company.  
How will I get there?: Work harder, gain knowledge, and be more productive within the homes

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.

*Naras*  
Employee Signature

*1/25/21*  
Date

*Kimberly Howard*  
Evaluator's Signature

*1-27-21*  
Date