



## EVALUATION FORM

Direct Care Staff

Date of Hire: 4/10/19 Name: Andrew Dunn Date: 8-14-20

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"/>	Andrew came in late - He has been working hard to correct it
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"/>	He is good on documentation He is working on getting better with it.
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"/>	He is in communicating with manager when incidents occur
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows Policies & Procedures
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Works hard on finish assignments
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"/>	Always willing to assist and interact with staff and residents
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"/>	Follows diet orders for all residents
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always attends meeting
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"/>	Knows the treatment and Behavior Plans



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Interacts with residents
- 2. Computer knowledge

Areas for Development:

- 1. Policies & Procedures as they change
- 2. Be doing better documents

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

- 1. Goal: increase Professional Knowledge and training  
How will I get there?: Practice, consider ways you can do better for the company
- 2. Goal: Attain a leadership Role  
How will I get there?: move up in the company

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.

[Signature]  
Employee Signature

8-14-20  
Date

Roberta Clemens  
Evaluator's Signature

8-14-20  
Date