



EVALUATION FORM

Direct Care Staff

Date of Hire: 11/06/2017

Name: Kelly Green

Date: 2/15/2021

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Kelly has no attendance issues. Follows company policies for call offs.
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"/>	Kelly completes shift documentation with little to no reminders.
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"/>	Kelly follows external agencies policies for reporting Abuse, Neglect, and incident reports.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	PA on 1/06/21 for medication error. Was retrained on company policies for medication administration.
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 all assigned tasks as assigned.
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"/>	Completes shift duties as assigned without needing to be reminded. No PA's for failure to document.
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 and follows dietary orders.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completes all trainings as assigned.
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 and follows BTP and IPOS



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Strengths:
 1. Working with my clients to be independent.
 2. Working to help my clients reach their goals.

Areas for Development:
 1. Little new patients and need improve my ability to be
 2. a lead and try hard to get to the next step.

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

1. Goal: *Try to become a manager or assist a manager.*
 How will I get there?: *work hard on what I do as a lead.*

2. Goal: *Try to level up*
 How will I get there?: *work on all my basic for the managers*

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: *[Signature]*
 Evaluator's Signature: *[Signature]*

Date: *2/15/21*
 Date: *2-15-21*