



**EVALUATION FORM**  
Direct Care Staff

Date of Hire: 10/07/19 Name: Jermaine Burrell Jr Date: 2/08/21

- 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"/>	Jermaine works a lot of shifts with No history of 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"/>	Completes all 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"/>	Understands reporting process.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows all company policies and procedures. NO PA's
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 without needing to be redirected or 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"/>	Completes all shift duties without needing reminded, cooks often without complaint, interacts with consumers appropriately.
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 mandatory training 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 IPOS and BTPs



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Strengths:

- 1. Hardworking
2. Trust worthy

Areas for Development:

- 1. Better Documentation
2.

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

- 1. Goal: Level up
How will I get there?: Testing on Star Service
2. Goal:
How will I get there?:

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.

J. J. Bay
Employee Signature

02-09-2021
Date

[Signature]
Evaluator's Signature

2-9-21
Date