



### EVALUATION FORM

Direct Care Staff

Date of Hire: 10-7-19 Name: Jessie Ballard 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 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"/>	minimal call offs, rarely late
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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	PA with walking off (1 time) due to being upset
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 assignments w/out reminders
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 w/ little to no reminders. Interact good w/ consumers
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"/>	Able to properly follow and document dietary orders and needs
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"/>	able to follow treatment and behavior plans as written



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Strengths:

- 1. I can majority of the time get the guys to calm
2. My connection with the guys

Areas for Development:

- 1. Techniques to calm the guys down with no issue
2. Approachment

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

- 1. Goal: Getting on better terms with the clients
How will I get there?: listen more associate more
2. Goal: Bettering myself with clients
How will I get there?: work harder

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.

Jessie Ballard

Employee Signature

12-29-20

Date

[Handwritten signature]

Evaluator's Signature

12-29-30

Date