



## EVALUATION FORM

Direct Care Staff

Date of Hire: 4-13-2020 Name: Jennifer L. Sicurello Date: 4-9-2021

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"/>	Does not call off
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"/>	Good at getting documentation completed
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"/>	IR and ER completed before leaving
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"/>	Completes home manager assigned to her
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 goes beyond on cleaning
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"/>	Knows the diet needs and document
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Attends all meetings
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"/>	Reads all behavior plans and treatment



EVALUATION FORM

Direct Care Staff

Strengths:

1. *Has strong, professional relates to client*
2. *Trustworthy, Dependable, Honest with her work ethic*

Areas for Development:

1. *Learning new programs as they come*
2. *Not to second guess - build self confidence*

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

1. Goal: *Getting Married.*

How will I get there?: *Saving money for the wedding.*

2. Goal: *Buy a house*

How will I get there?: *Save money after wedding to purchase house.*

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.

*[Handwritten Signature]*

Employee Signature

*4-9-21*

Date

*Roberta Clemens*

Evaluator's Signature

*4-9-21*

Date