



EVALUATION FORM
Direct Care Staff - Level V

Date of Hire: 2/18/2016 Name: Carolyn Bennett Date: 2/17/2021

- 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
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follows all procedures and policies as they are written
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"/>	No recent call offs, is on time and willing to stay after as needed.
Administers medication for all clients in the home	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Administers all medications as prescribed without error
Completes new client orientation in a timely and effective manner. Makes the client feel welcome and at home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent at making new clients feel right at home and safe
Training and completion of the orientation checklist with new employees is done properly and in a timely manner	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does great at training new employees properly.
Assists in coverage of houses when needed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Will work another home if necessary but would prefer not to.
Participates in the interview and evaluation process when requested	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Willing to participate and complete all assigned task.
Ensures daily and monthly vitals and weights are recorded and accurate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent at completing all monthly task.
Maintains and completes accurate sharps, cigarette, and phone logs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ensures all documentation is done and proper.
Has a strong understanding of the fire drill procedures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent at completing and documenting fire drills
Prepares craft and activity ideas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	When guys are awake and willing crafts are done at night.



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Strengths:

- 1. Excellent at keeping the medication room in order and ensuring all documentation is proper.
2. Prompt with notifying management of any and all issues and concerns.

Areas for Development:

- 1. To continue to gain knowledge for further advancement in the company.
2. To gain confidence in own strengths to better assist and train new staff.

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

- 1. Goal: To learn more about the company to move forward.
How will I get there?: Ask questions and learn through doing.
2. Goal: To be an example of a leader for my fellow staff and residents.
How will I get there?: by continuing to do my job to the best of my abilities.

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.

Carolyn Bennett
Employee Signature

2.17.21
Date

[Signature]
Evaluator's Signature

2.17.21
Date

[Signature]
Home Manager's Signature

2.17.21
Date