



EVALUATION FORM

Direct Care Staff

Date of Hire: 6/28/2021 Name: Christina Reitz Date: 9-1-21

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"/>	Staff does not call in nor is tardy
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"/>	staff completes documentations
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"/>	staff communicates everything very well
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	staff follows policies
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	staff completes all projects in a timely manner
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"/>	staff always goes above shift duties
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"/>	Staff follows the menus and reminds clients of their special diets
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	staff always attends meeting
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"/>	staff always follows plans



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Direct Care Staff

Strengths:

- 1. Staff goes above and beyond without being asked
- 2. Staff is a self starter

Areas for Development:

- 1. Communicate more with staff about assisting with duties
- 2.

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

- 1. Goal: Have a positive working environment
How will I get there?: Staff working together as a team
- 2. Goal: Client's feeling they can come to me with any concerns
How will I get there?: being approachable, listening to there concerns

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.

Christopher
Employee Signature

9-1-21
Date

Michelle Fitzman
Evaluator's Signature

9-1-21
Date