

EVALUATION FORM

Direct Care Staff

Strengths:

1. Andrea is very competent

Areas for Development:

1. Delegating tasks to other team members

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

1. Goal: ① To become the next lead to guide the team to the best quality of care for the residents. How will I get there?: yes I will get there and I will get the best care for the residents. I want to be the best at what I do and I want to be the best at what I do. I want to be the best at what I do and I want to be the best at what I do.

2. Goal: ② Keep moving up on status of the corporation. How will I get there?: keep pushing myself to be the best. To those members

Are annual In-Service Trainings complete?  Yes  No

Is TB test current (3 years)?  Yes  No

Is Annual Health Review Form current?  Yes  No

Is Driver's License current/valid?  Yes  No

Employee Signature: *Andrea Jackson*

Evaluator Signature: *David J. [unclear]*

Date: 9/23/21

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**EVALUATION FORM**

Direct Care Staff

Date of Hire: \_\_\_\_\_

Name: Andrea Jackson

Date: 9/23/21

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 of 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"/>	
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
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"/>	