



EVALUATION FORM

Direct Care Staff

Date of Hire: 3/31/2020 Name: Alexis (Carter) Gallop Date: 12.23.2021

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
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"/>	Carter has had an excellant attendance record as evidenced by time sheets.
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"/>	Carter completes all of his documentation correctly and by the end of his shift as evidenced by no unsealed forms or incomplete data on paper documentation.
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"/>	Carter reports immediately on time when necessary and also takes precaution when not knowing and reports.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carter has not had any progressive actions as evidenced in a long time.
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carter makes sure his assignments are completed by management as evidenced byno progressive actions.
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"/>	Carter completes all tasks and interacts with residents on every shift worked.
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"/>	Carter follows and implements the dietary needs of all residents.
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carter attends all mandatory meetings unless otherwise discussed with Home Manager.
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"/>	Carter follows all treatment and behavior plan goals and objectives.



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Completing all assignments
- 2. Reliable

Areas for Development:

- 1. Speaking up- soft spoken
- 2. Asking for help when needed

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

1. Goal: Level Up

How will I get there?: Work hard

2. Goal: Taking on more responsibilities given by management

How will I get there?: Take initiative to ask for further training

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.

Carter Gallop

Employee Signature

12-23-21

Date

Ashley Pearson

Evaluator's Signature

12/23/2021

Date