



### EVALUATION FORM

Direct Care Staff

Date of Hire: 8.7.18 Name: Hayley Johnson Date: 12.30.21

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"/>	Hes not 2 CI due to illness; follows work schedule
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"/>	continues to learn and 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"/>	
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"/>	Trains others as manager assigns. works well w/ residents and co-workers
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"/>	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"/>	



EVALUATION FORM

Direct Care Staff

Strengths:

- 1. Always willing to assist when needed
- 2. Has a willingness to learn and grow

Areas for Development:

- 1. Communication; speaking up when needed
- 2.

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

- 1. Goal: Continue to learn and follow Policies  
How will I get there?: seek help and ask questions when needed
- 2. Goal: Advance in level system (was a AHM)  
How will I get there?: continuing to learn and grow

Are annual In-Service Trainings complete?  
If no, when are they scheduled? \_\_\_\_\_

Yes  No

Is TB test current (3 years)?  
If no, one needs to be scheduled immediately.

Yes  No

Is Annual Health Review Form current?  
If no, one needs to be filled out immediately.

Yes  No

Is Driver's License current/valid?  
If no, needs to be renewed immediately.

Yes  No

Employee Signature

12-30-21  
Date

Evaluator's Signature

12-30-21  
Date