



## EVALUATION FORM

Assistant Home/Program Manager - Level VI

Date of Hire: 9/26/2018 Name: Amanda Freeman Date: 2-3-2022

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"/>	
Reviews electronic & paper documentation at the end of each shift. As evidenced by incomplete documentation & spot audits. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All appointments are scheduled and completed on time. As evidenced by Provider Contact Sheets and no internal or external complaints.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medication Rooms are clean and organized. As evidenced by Medication Room Audits.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medications are always available. As evidenced by Weekly Medication Counts and Medication Administration Records.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All Provider Contact Sheets and communication with Internal/External parties are entered into Medical Notes on time. As evidenced by date comparison and/or no documentation or follow-up.	<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"/>	
Completes assignments from Home Managers. As evidenced by Home Manager or no Progressive Actions.	<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"/>	



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### Strengths:

1. Amanda is always willing to learn new task. \_\_\_\_\_
2. Amanda is good with the residents. \_\_\_\_\_

### Areas for Development:

1. Amanda needs to work on her follow through with staff. \_\_\_\_\_
2. Making sure staff is following all policies. \_\_\_\_\_

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

1. Goal: To start learning the role of home manager  
How will I get there?: Learning new task and responsibilities. \_\_\_\_\_
2. Goal: Making sure all follow through is done for all medication orders.  
How will I get there?: Calling for refills and making sure to have communication with the pharmacy and doctors. \_\_\_\_\_

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.

Amanda Peterson  
Employee Signature

2-3-22  
Date

Carl Wehr  
Evaluator's Signature

2-3-22  
Date

\_\_\_\_\_  
Human Resource's Signature

\_\_\_\_\_  
Date