



EVALUATION FORM

Direct Care Staff

Date of Hire: 8/07/2018 Name: Hayley Johnson Date: 4/25/2022

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"/>	
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"/>	Requires some reminders, overall compliant with completing all shift 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"/>	
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"/>	Will stay over on shift to ensure all tasks are completed.
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"/>	If Hayley can not attend in person she will join via TEAMS and/or by phone
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"/>	



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Strengths:

- 1. Willingness to help; asks if there are tasks needing to be done
2. Positive interactions w/ residents - relationship building

Areas for Development:

- 1. If a task(s) is given there needs to be consistency with follow through to ensure it's completed in agreed timeframe
2. Communication w/ peers - teaching moment vs "demanding"

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

- 1. Goal: Continue to advance through the level system
How will I get there?: Continue to learn policies and procedures, learn day-to-day systems
2. Goal:
How will I get there?:

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

[X] Yes [] No

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

[X] Yes [] No

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

[X] Yes [] No

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

[X] Yes [] No

[Handwritten Signature]
Employee Signature

4/24/22
Date

Jamara White
Evaluator's Signature

4/25/2022
Date