

Oakridge Homes and Woodview Support Services

INSERVICES ATTENDED

Our Mission: "To be a leader in quality residential and support services for people with special needs, now and in the future."

Employee Name	Charles Kease	Year	2018
Location	1016	Position	DSP
Date of Employment	12/17	Inservice Hours Required	24

Months worked for ORH	Minimum Inservice Hours Required for Intensive Services (homes)	Minimum Inservice Hours Required for Basic Services (SILS, CSP, ARMHS)
2nd year of employment up to 60 mo	24	12
60 months plus	12	6

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/22	Staff & House Meeting Positive Support-Domains of meaningful life (.5) VARPP, Service Recipient Rights, CSSP Competencies, MH-Major Depressive Disorder (.5)	Shawna	3	CK
Feb	2/26	Staff & House Meeting Positive Support (.5) MH-Suicide Intervention (1)	Shawna	3	CK
March	3/26	Staff & House Meeting IPP Competencies, MH-Schizophrenia (.5)	Shawna	3	CK
April	4/23	Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)	Shawna	3	CK
May	5-23-18	MANDATORIES: Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights	Shawna	3	CK
June	6-25-18	Staff & House Meeting Positive Support PCP (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)	Megan Shawna	3	CK
July	7/24/18	Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Bipolar Disorder (.5)	Shawna	3	CK
Aug	8/27/18	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)	Shawna	3	CK
Sept	24	Therapeutic Intervention Positive Support	Shawna/Meghan	3	CK
Oct	10/22/18	Staff & House Meeting Cultural Competency, Harassment, Medicare Fraud MH-Obsessive Compulsive Disorder, Treatment Options/EBP (.75)	Shawna	3	CK
Nov		Staff & House Meeting MH-Anxiety Disorder, PTSD (.75)		3	

Oakridge Homes- Woodview Support Services

Resignation

I, Charles Kaase hereby voluntarily resign my

position as DSP, located at

1016 2nd St Brainerd MN as of 11/3/12
(Date)

My last scheduled day of work will be 11/3/12
(Date)

My reason for resigning is: have different job

Signature Charles Kaase Date 11/3/12

Office Use

Received by _____ Title _____

Date: _____

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Charles Kaase

Location: 1016

Evaluation: 2018

STEPS for the Annual Review Process

1. PC completes the Annual Evaluation Form
2. PC sends the completed Annual Evaluation Form to HR (do not meet with the employee until after HR reviews it)
3. HR reviews and completes their items on the Annual Evaluation Form
4. HR sends the completed Annual Evaluation Form to the PC
5. PC meets with the employee to review the Annual Evaluation Form together
6. PC and employee sign and date the Annual Evaluation Form
7. PC distributes the signed Annual Evaluation Form:
COPY: in employee's training book
ORIGINAL: send to HR

INSTRUCTIONS for completing the Annual Evaluation Form:

1. Please review the sections in the evaluation and, under the PC column, check the best answer of Yes, No or Needs Improvement (NI).
2. Please type a paragraph under Supervisor Comments responding to each area, explaining why you chose the answer you did, and if needed, how the employee could improve.

Time and Attendance	PC	HR
1. Does the employee show up for work and is ready to begin the shift on time?	Yes	
2. Does the employee make good use of their time at work?	Yes	
3. Does the employee arrive at meetings and in-services on time?	Yes	
4. Does the employee complete their time card and time analysis on time and accurately?	Yes	
5. Does the employee have any tardiness concerns?	No	
6. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)	No	
<input type="checkbox"/> Discussion <input type="checkbox"/> Coaching Note <input type="checkbox"/> Verbal <input type="checkbox"/> Written Warning		
7. Does the employee have any absenteeism concerns?	No	
8. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)	No	
<input type="checkbox"/> Discussion <input type="checkbox"/> Coaching Note <input type="checkbox"/> Verbal <input type="checkbox"/> Written Warning		
9. Does the employee follow replacement policy when they cannot work a shift?	NI	
10. Does the employee give proper notice when a shift was missed?	NI	
11. Does the employee follow protocol for requesting time off?	Yes	
12. Does the employee pick up shifts when available or needed?	Often	
Supervisor Comments: <i>Always shows up for shifts, except once when he was too sick to find a replacement on such short notice, but called PC immediately when he knew he couldn't make it.</i>		
Time and Attendance Summary		<input type="checkbox"/>
Documentation	PC	HR
1. When completing documentation, is it objective?	Yes	
2. Does it give a clear picture of the event?	Yes	
3. Does it document goal progress accurately?	Yes	
4. Employee shows competency in completing incident and behavior reports?	Yes	
Supervisor Comments: <i>Does a good job in documenting all activities accurately.</i>		
Documentation Summary		<input type="checkbox"/>
Financial	PC	HR
1. When using (client or house) money, or charging, does the employee always gets a receipt?	Yes	
2. Does employee accurately complete receipts for any money used (client or house)?	Yes	
3. When charging, employee makes sure that the receipt is given to the right person?	Yes	
4. When using (client or house) money, employee counts it at the beginning and end of their shift?	Yes	
Supervisor Comments: <i>is very responsible when it comes to handling money and getting receipts.</i>		
Financial Summary		<input type="checkbox"/>

Knowledge and Client Related Issues		PC	HR
1. Does employee listen to the clients about their concerns?		Yes	
2. Does employee stay informed by reading the communication log and new goal/behavior changes?		Yes	
3. Does employee understand the difference between punishment and consequences?		Yes	
4. Does employee know, understand and support ORH policies and procedures?		Yes	
5. Is the employee careful about confidentiality?		Yes	
6. Does employee know which information can and cannot be released to others?		Yes	
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?		Yes	
8. Are there any concerns with medication passing?		No	
9. Does employee complete the responsibilities expected of the shifts they work? If no or needs improvement, please explain: <i>Begin typing here</i>		Yes	
10. Does employee know what is in each client's IAPP?		Yes	
11. Does employee provide the client with effective training?		Yes	
12. Does employee understand how to teach the client to be independent?		Yes	
13. Does employee respond the same to each client without showing favoritism?		Yes	
14. Is employee flexible in response to different clients and situations?		Yes	
15. Does employee know the client's rights, and advocate for them?		Yes	
16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?		Yes	
17. Employee accepts and offers compliments, criticism, and suggestions.		Yes	
18. Does employee show competency in de-escalation techniques?		Yes	
19. Does employee show competency in person-centeredness?		Yes	
Supervisor Comments: <i>Chuck is a very easy going person, he gets along well with everyone & the clients love him. He is always in a good mood and enjoyable to work with.</i>			<input type="checkbox"/>

Safety/Property/Vehicle		PC	HR
1. Does the employee contribute to providing a warm and cozy atmosphere for the clients' home?		Yes	
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased?		Yes	
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc.?		Yes	
4. Does the employee work in a driving position? a. If yes, does the employee drive? If no to 4a, why not? <i>Begin typing here</i>		Yes Yes	
5. If a driver: a. Does the employee contribute to care and cleanliness of the vehicle? b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? If no, explain: <i>Begin typing here</i>		Yes Yes	

Supervisor Comments:

Begin typing here

Safety/Property/Vehicle Summary

General	PC	HR
1. Does the employee appear to enjoy their position? If no, what type of behavior does the employee display to give this impression? Begin typing here	Yes	
2. Does the employee appear to get along with co-workers? If no, what appears to be the issue preventing this? Begin typing here	Yes	
3. Does the employee appear to fit in as a part of the house/location team? If no, what appears to be the reason? Begin typing here	Yes	
4. Is the employee working the shifts they were hired for or are scheduled for? Hired/scheduled for: Begin typing here Working: Begin typing here If no, why not: Begin typing here	Yes	
5. Has the employee had any disciplines over the last year? a. If yes, what form did they take? (please check all that apply) <input type="checkbox"/> Discussion <input type="checkbox"/> Coaching Note <input type="checkbox"/> Verbal <input type="checkbox"/> Written Warning b. What did the discipline relate to? Begin typing here c. Have these concerns improved since review with the employee?	No	Select
6. What is the greatest contribution that this employee makes to the position? Begin typing here Supervisor Comments: <i>He really enjoys his job, he gets along with everyone, and he is amazing with the clients.</i> Begin typing here <i>Also, he does a great job when he works.</i>		
General Summary		<input type="checkbox"/>

Employee Questions to be discussed during the review (supervisor should record):

1. What do you as an employee see as the most important part of your job?
Begin typing here
2. What would you as an employee like to learn more about in your job?
Begin typing here
3. How could we use your talents and experience better?
Begin typing here
4. How can your supervisor help you in any of the areas discussed?
Begin typing here

Goals for next year (Supervisor and employee develop a goal together for the upcoming year.):

Begin typing here

Employee Acknowledgment: I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with the supervisor evaluation.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: *Peter Manns* **Date:** 10/24/10

*** ORIGINAL COPY TO HR - ONE COPY TO EMPLOYEE BOOK ***

