## Caregiver Administrative Evaluation



**Caregiver Name:** 

**Caregiver ID Number:** 

## Rating Scale:

• **EXCEEDS:** Always meets or exceeds goals

• MEETS: Most often meets goals

DOES NOT MEET: Never of seldom reaches goals

Please rate your job performance below (check □only one rating for each performance indicator):

Performance Indicators		Exceeds	Meets	Does Not Meet	Exceeds	Meets	Does Not Meet
1.	Available to work when assigned cases.						
2.	Arrives on time for all cases.						
3.	Follows Policies and Procedures.						
4.	Utilizes the HHAx Mobile and Care Connect Application.						
5.	Follows the Plan of Care for the client.						
6.	Communicates availability with Supervisor on a consistent basis.						
7.	Establishes and maintains effective working relationship with clients/and client's family.						
8.	Demonstrates effective problem- solving skills.						
9.	Effectively responds in emergency situations.						
10.	Maintains and submits appropriate records and written documentation, including timesheets.						
11.	Communicates, establishes, and maintains effective working relationship with <b>Supervisors</b> .						
Signature(s)		Caregiver Signature:		Supervisor/Reviewer Signature:			
Caregiver Date Completed: Caregiver Comments:				Supervisor/Reviewer Date Completed: Supervisor/Reviewer Comments:			