



1400 E Lake Cook Rd, Suite 110, Buffalo Grove IL 60089  
Phone: (847) 215-8550 Fax: (847) 215-7941

## ANNUAL PERFORMANCE EVALUATION

**Employee Name:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Evaluation Date:** \_\_\_\_\_

Rating Scale: Excellent (1) Good (2) Fair (3) Poor (4) Yes (Y) No (N)

### Section 1: Essential Functions

1. Provides companion/homemaker services to clients as requested. \_\_\_\_\_
2. Reports changes in client's condition and needs in a timely fashion. \_\_\_\_\_
3. Completes Electronic Visit Verification \_\_\_\_\_
4. Submits completed documentation within established time parameters. \_\_\_\_\_
5. Performs all duties within the boundaries of guidelines, policies & procedures. \_\_\_\_\_
6. Provides care with attention to the safety needs of the client. \_\_\_\_\_
7. Performs household duties as designated by the plan of care \_\_\_\_\_
8. Encourages appropriate self care and assisted independence. \_\_\_\_\_
9. Maintains a clean, safe environment. \_\_\_\_\_
10. Adhere to basic infection control policies. \_\_\_\_\_
11. Revises workload and assignments as requested by supervisor. \_\_\_\_\_
12. Takes initiative in performance requiring minimal supervision. \_\_\_\_\_
13. Demonstrates a high degree of customer services and quality care. \_\_\_\_\_
14. Exhibits positive interpersonal, verbal and written skills. \_\_\_\_\_
15. Attends annual in-service training. \_\_\_\_\_
16. Completes an annual skills assessment. \_\_\_\_\_
17. Performs personal assistance duties as designated by the plan of care. \_\_\_\_\_

**Section 2: Competency/Skills and Qualification Requirements**

- 1. High school diploma or GED preferred. \_\_\_\_\_
- 2. Experience in caring for the geriatric population preferred. \_\_\_\_\_
- 3. Able to communicate verbally and in writing. \_\_\_\_\_
- 4. Completion pre-hiring training course. \_\_\_\_\_
- 5. Demonstrates good interpersonal relationship skills. \_\_\_\_\_

**Section 4: Employee Review and Comments:**

**Section 5: Evaluator Comments:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_