

Performance Review Form, Client Directed Services—MRCI

Date of evaluation _____

Employee name _____

Employee's date of hire _____

Evaluator's name _____

1=Unsatisfactory, does not meet expected results

2=Inconsistent, marginal performance, does not meet all expectations

3=Proficient, meets all expectations

4=Highly effective, exceeds expectations

5=Exceptional, exceeds all expectations

N/A=Not applicable

| Item # | Function | Low 1 | 2 | 3 | 4 | High 5 | N/A |
|--------|---|----------|---|---|---|-----------|-----|
| 1 | Able to work independently | | | | | | |
| 2 | Follows through with job responsibilities in a timely manner | | | | | | |
| 3 | Utilizes proper lifting and body mechanics | | | | | | |
| 4 | Demonstrates knowledge of and adheres to all infection control procedures | | | | | | |
| 5 | Manages time effectively | | | | | | |
| 6 | Demonstrates the knowledge and skills necessary to provide care appropriate to the age of the client | | | | | | |
| 7 | Provides care as directed by the responsible person | | | | | | |
| 8 | Recognizes and reports changes in the client's condition to the responsible person | | | | | | |
| 9 | Documents as required by the client/client representative and MRCI | | | | | | |
| 10 | Displays appropriate, courteous attitude and behavior toward the client, the client's representative and family, and toward other staff | | | | | | |

| Item # | Function | Low 1 | 2 | 3 | 4 | High 5 | N/A |
|--------|---|----------|---|---|---|-----------|-----|
| 11 | Exercises discretion and maintains confidentiality in all matters relating to the client, the client's representative and family and other staff | | | | | | |
| 12 | Maintains a calm and professional demeanor in stressful situations | | | | | | |
| 13 | Limits personal phone usage | | | | | | |
| 14 | Wears appropriate clothing and accessories; gives proper attention to personal hygiene | | | | | | |
| 15 | Adheres to the client's or the client representative's policy for attendance and tardiness, including providing proper notification for absences or tardiness | | | | | | |
| 16 | Follows the client's or the client representative's directions regarding smoking | | | | | | |
| 17 | Provides personal care assistance to client as directed for: | | | | | | |
| | -Bathing | | | | | | |
| | -Grooming | | | | | | |
| | -Dressing | | | | | | |
| | -Positioning | | | | | | |
| | -Toileting | | | | | | |
| | -Oral care | | | | | | |
| | -Other cares (describe) | | | | | | |
| | - | | | | | | |
| | - | | | | | | |
| 18 | Assists client with meals as directed | | | | | | |
| 19 | Properly and safely lifts, transfers and transports client | | | | | | |
| 20 | Performs other duties, responsibilities as directed (list below and rate separately) | | | | | | |
| | - | | | | | | |
| | - | | | | | | |
| | - | | | | | | |
| | - | | | | | | |

Employee signature _____