

GOODWILL INDUSTRIES OF NORTHEASTERN PA

Direct Support Professional

Performance Review

PLEASE PRINT CLEARLY.

| Em | oloyee: |
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| | |

CLA House:

 Supervisor:

 Date of Evaluation:

| Please evaluate how well this employee does the following tasks | Exceeds Expectations | Meets Expectations | Needs Improvement |
|--|-------------------------|-----------------------|----------------------|
| • Implements all facets of living as close to "normalization principal" as possible. | | • • • • • • • • | |
| Maintains an appropriate and wholesome environment within the home for all residents. | | | |
| Provides an atmosphere, which of free of tension, and strain so all residents can live comfortably and harmoniously. | | | |
| Assists residents in reaching the highest level of independence in all areas of living as possible. | | | |
| Implements goal plans in accordance with ISP'S. | | | |
| Assists residents in enhancing ADL skills. | | | |
| • Assures programmatic documentation is complete and in accordance with agency policy and procedure and DPW regulation for Community Residential MR Facilities. | | | |
| Conducts a variety of recreational, social and leisure activities for constructive use of time by residents. | | | |
| Maintains a clean, safe and secure environment at all times. Reports any concerns to supervisor. | | | |
| Provides a sympathetic and understanding environment for dealing with resident's problems, behaviors, likes, dislikes, etc. | | | |
| • Maintains records as required by the supervisor. | | | |
| Adheres to Human Rights Policy and Procedures. | | | |
| Balances Residential Financial Logs as transactions are conducted. | | | |
| • Ensures that meals are prepared accordingly to menus that are already planned. Encourages resident's assistance as suitable or as directed by IHP'S. | | | |
| Participates in in-service training sessions as required. | | | |
| Displays professional attitude and appearance at all times. | | | |
| • Cooperates fully and honestly with any investigation conducted by our agency, county officials or state officials, including but not limited to; investigation of any resident's care and agency policy and procedure. | | | |
| • Follows the directions of CLA Site Supervisor except when the safety of clients may be threatened. | | | |
| Observes all physical, emotional and behavioral concerns and take appropriate action deemed by the severity of the problem | | | |
| Responds to emergency situation in appropriate manner ensuring the safety of the residents. | | | |
| Monitors and documents the dispensation of all prescribed and any over the counter medications in accordance with Medication Training and agency policy. | | | |

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| aodwill | Direct Support Professional Performance Review | |
| | PLEASE <u>PRINT</u> CLEARLY. | |
| Employee: | CLA House: | |
| Supervisor: | Date of Evaluation: | |
| Employee Strengths: | | |
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| Areas that need improveme | ent: | |
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| Employee Comments: | | |
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| I ha | we reviewed this assessment and understand its contents. | |
| Employee Signature: | Date: | |
| Supervisor Signature: | Date: | |