

PERFORMANCE EVALUATION

You can use this tool to evaluate your caregiver on an on-going basis. Some people choose to do this quarterly. It's a way to provide feedback to your caregiver about their performance – what they are doing well and areas for improvement. Please contact Homecare Choice if you need assistance. Toll Free: 1-844-494-4227.

STATEMENTS	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<i>PUNCTUALITY</i>					
Caregiver comes to work on time.					
Caregiver only takes planned time off.					
<i>EXPERIENCE AND TRAINING</i>					
Caregiver has experience.					
Caregiver is willing to learn.					
Caregiver is learning quickly.					
Caregiver meets my specific needs.					
Caregiver takes initiative.					
<i>PERSONALITY</i>					
Caregiver is flexible.					
Caregiver is attentive.					
Caregiver is honest.					
Caregiver is energetic.					
Caregiver is willing to serve.					
<i>PROFESSIONALISM</i>					
Caregiver is open to feedback.					
Caregiver treats you like an employer.					
Caregiver is respectful.					
Caregiver Communicates effectively.					



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Use the boxes below for statements that are important to you.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

What is working well?

Comments here:

Are there areas for improvement?

Comments here:

What is the caregiver's improvement plan?

Comments here:

Employer Signature _____ Provider Signature _____