| https://lh3.googleusercontent.com/1JDQk4ygLH8TU9SgFrgJiWt7-jtNJmbH-jxjiPhJDMKAlRwKI9_QHGQGdf-BqBkLYzVpQdV_SjktNVM8KMHYZs_bjRV0R6jDnGD-WOWw29AoQAajS4GSPoeL STAFF EVALUATION FORM | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | |
| Position | | | | | | | | | | |
| For each item identified below, circle the number  to the right that best fits your judgment of its quality.  Use the scale above to select the quality number. | | | | | | | | | | |
| Scale 1 = Needs Improvement 3 = Meets Requirement  5 = Exceeds Requirement | | | | | | | | | | |
| STAFF INTERACTION | | | | | | | | | | |
| 1. Develops positive relationships with consumers and serves as a positive role model. | | 1 | | 2 | | 3 | | 4 | | 5 |
| 1. Encourages interpersonal and group interactions among consumers. | | 1 | | 2 | | 3 | | 4 | | 5 |
| 1. Identifies and offers assistance to consumers who have personal, academic health or other problems. | | 1 | | 2 | | 3 | | 4 | | 5 |
| 1. Refers consumers as needed to appropriate professionals. | | 1 | | 2 | | 3 | | 4 | | 5 |
| 1. Encourages consumers to utilize resources. | | 1 | | 2 | | 3 | | 4 | | 5 |
| Comments concerning staff *Interaction*: | | | | | | | | | | |
| COMMUNITY DEVELOPMENT | | | | | | | | | | |
| 1. Assumes a leadership role in the development of a sense of responsibility for one’s actions and fosters consideration for the rights and freedoms of others. | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1. Assesses the needs of consumers and provides educational, social, cultural and recreational programs that meet those needs. | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1. Assists staff in the development of educational, social, cultural and recreational programming. | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1. Enforce all regulations and maintains standards of community behavior. Confronts inappropriate behavior and documents incident as necessary. | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1. Provides information, support and guidance to guardians and representatives | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1. Participates in activities and encourages consumers to do so. | 1 | | 2 | | 3 | | 4 | | 5 | |
| Comments concerning *Community Development:* | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| For each item identified below, circle the number  to the right that best fits your judgment of its quality.  Use the scale above to select the quality number. | | | | | |
| Scale 1 = Needs Improvement 3 = Meets Requirement  5 = Exceeds Requirement | | | | | |
| COMMUNICATION | | | | | |
| 1. Develops and maintains open and honest communication with the Director and other staff. | 1 | 2 | 3 | 4 | 5 |
| 1. Works cooperatively with other disability advisor, and other professional, paraprofessional and support service staff. | 1 | 2 | 3 | 4 | 5 |
| 1. Supervises floater staff assuring they are doing their jobs as assigned by providing suggestions, requests and general support as needed. | 1 | 2 | 3 | 4 | 5 |
| 1. Performs other duties as assigned. | 1 | 2 | 3 | 4 | 5 |
| Comments regarding *Communication*: | | | | | |
| PROFESSIONALISM | | | | | |
| 1. Maintains availability to consumers on a daily basis. Maximizes availability and assistance to staff during times as needed | 1 | 2 | 3 | 4 | 5 |
| 1. Preserves the confidentiality of personal interactions with staff when appropriate. | 1 | 2 | 3 | 4 | 5 |
| 1. Completes daily paperwork and standardized forms thoroughly and in a timely fashion. | 1 | 2 | 3 | 4 | 5 |
| 1. Serves on-duty functions during regularly assigned evening and weekend hours as determined between the Advocates. | 1 | 2 | 3 | 4 | 5 |
| 1. Performs tasks associated with opening and closing. | 1 | 2 | 3 | 4 | 5 |
| 1. Is on time | 1 | 2 | 3 | 4 | 5 |
| 1. Performs staff duties at any time in event of policy violations, health, life safety or other emergencies. | 1 | 2 | 3 | 4 | 5 |
| 1. Attends weekly Administrative staff meetings prepared for discussion of agenda items and offers ideas and suggestions. | 1 | 2 | 3 | 4 | 5 |
| 1. Has complied with all Terms of Employment, i.e., has maintained the appropriate training and has complied with the guidelines set out by the Director of Stepping Stones Care. | 1 | 2 | 3 | 4 | 5 |
| Comments regarding *Professionalism:* | | | | | |

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| --- |
| Please summarize the staff member’s goals and evaluate the degree of success in meeting those goals. |
| Summary Comments: |
| Evaluators Signature: |
| Director, Stepping Stones Care: |
| Date of Evaluation Session: |