

SUNRISE HOME HEALTH CARE, INC.

PCA EVALUATION FORM

Service Verification Call		Contact Phone Number	
Client Name:	PCA:	Caller:	Date/Time
Time Check			

Service Verification Call Comment: _____

QP/RN	Time-In	Time-Out	Total Time	Date ____/____/____			
Circle Evaluation	14Day	30 Day	60Day	90Day	120Day	180 Day	Other

Client's Name: _____

PCA's Name: _____

RN's Name: _____

Use the following table to rate the employee's attributes from poor to superior:

1. TRUST	Poor	Average	Superior
Follows work schedule			
Reports to work on time			
No absence without prior arrangement			
Reports Time Accurately			

2. Hospitality	Poor	Average	Superior
Positive Attitude			
Learns form Client Well			
Demonstrates interest in Client			
Applies Person Centered principles			

3. Compassion	Poor	Average	Superior
Performs Cares Graciously			
Sensitive to Client's needs			
Communicates Well			
Speaks Respectfully and Kindly			

4. RESPONSIBILITY	Poor	Average	Superior
Job knowledge			
Gets work done			
Uses Client's time well			
Understands Company Policies			

5. .What areas do the PCA need more training or improvement?

6. List any ideas or concerns the client wants to talk about.

7. List any ideas or concerns the PCA wants to talk about.

8. Other Comments

PCA's Signature: _____ Date: ____/____/____

Client's (RP) Signature: _____ Date: ____/____/____

RN's Signature: _____ Date: ____/____/____

Note:

Copies into:

- ____ Client's home file
- ____ Client's Office file
- ____ PCA's file
- ____ RN log