



**LifeForce**  
Caregivers for the Elderly

# Caregiver Performance Evaluation

www.liforceeldercare.com

1-800-200-3685

**PLEASE PRINT**

Caregiver Name: Amanda Barclay

Client Name: Alice

Person Filling Out this Form: \_\_\_\_\_

Relationship to Client: daughter

Signature of Evaluator: \_\_\_\_\_

Date of this Evaluation: 12-28-11

Part A: Skills	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Communication Skills	✓				
2. Cooking and Meal Preparation	✓				
3. Laundry and Light Housekeeping	✓				
4. Medication Supervision	✓				
5. Personal Care (bathing, grooming, toileting, etc.)	✓				
Part B: Personal Qualities	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Attitude	✓				
2. Compassion	✓				
3. Dependability	✓				
4. General Appearance	✓				
5. Honesty	✓				
6. Initiative	✓				
7. Judgement	✓				
8. Patience	✓+				
9. Punctuality	✓				
10. Respectfulness	✓				

Additional Comments: Amanda is remarkable with my mom. Her upbeat attitude and beautiful smile light up my mother's day. She works really well with the rehab and medical team that helps my mother.

Please Return Completed Form in Enclosed Self-Addressed Envelope. Thank You!