



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!