



LifeForce

Caregivers for the Elderly

Caregiver Performance Evaluation

www.liforceelder-care.com

1-800-200-3685

PLEASE PRINT

Caregiver Name: Clementine

Client Name: _____

Person Filling Out this Form: _____

Relationship to Client: Daughter

Signature of Evaluator: _____

Date of this Evaluation: 8/8/14

E-mail Address of Evaluator: _____

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: Clem is wonderful and takes excellent care of our mom.
We are all very very happy with Clem.

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