



LifeForce
Caregivers for the Elderly

Caregiver Performance Evaluation

www.liforceeldercare.com

1-800-200-3685

PLEASE PRINT

Caregiver Name: Eleanor Bawogel Client Name: _____
 Person Filling Out this Form: _____ Relationship to Client: DAUGHTER
 Signature of Evaluator: _____ Date of this Evaluation: 11-18-2013
 E-mail Address of Evaluator: _____

Part A: Skills	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Communication Skills	X				
2. Cooking and Meal Preparation	X				WAS ELEANOR'S IDEA TO USE FOOD PROCESSOR TO PREPARE FOOD FOR MOTHER.
3. Laundry and Light Housekeeping	X				
4. Medication Supervision	X				ALWAYS UPDATED CHARTS
5. Personal Care (bathing, grooming, toileting, etc.)	X				DEMONSTRATED CARE and COMPASSION AT ALL TIMES

Part B: Personal Qualities	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Attitude	X				Just not enough space to say all the great things in my opinion about Eleanor.
2. Compassion	X				
3. Dependability	X				
4. General Appearance	X				
5. Honesty	X				
6. Initiative	X				
7. Judgement	X				She represented herself and your organization with the utmost of all of these characteristics!
8. Patience	X				
9. Punctuality	X				
10. Respectfulness	X				

Additional Comments: Our entire family thought the world of Eleanor! In only a few days she became much more than a caregiver, she became a respected & loved family member. At no time did I ever feel that she did not have mother's needs as her #1 priority, as it should be. I had many family members request information about LifeForce; in part because of my praise but I suspect more so, based on their interaction with Eleanor!

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