



LifeForce

Caregivers for the Elderly

Caregiver Performance Evaluation

www.liforceelder-care.com

1-800-200-3685

PLEASE PRINT

Caregiver Name: Helena Masralay

Client Name: _____

Person Filling Out this Form: Libby Clark, CM

Relationship to Client: Case Manager

Signature of Evaluator: Libby Clark, CM

Date of this Evaluation: 7/5/16

E-mail Address of Evaluator: LClark@blairsenior.org

Part A: Skills	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Communication Skills	X				Keeps CM informed Weight maintained. Good appetite No issues. Responded to nurse Home neat & clean
2. Cooking and Meal Preparation	X				
3. Laundry and Light Housekeeping	X				
4. Medication Supervision	X				
5. Personal Care (bathing, grooming, toileting, etc.)	X				
Part B: Personal Qualities	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Attitude	X				
2. Compassion	X				
3. Dependability	X				
4. General Appearance	X				
5. Honesty	X				
6. Initiative	X				
7. Judgement	X				
8. Patience	X				
9. Punctuality	X				
10. Respectfulness	X				

Additional Comments: Helena was excellent to work with. She was assigned a difficult case, especially when Donald was sundowning and had incontinence. Helena never complained about being up at night and always put Donald's needs first. She is an excellent caregiver. Thank you for the opportunity to have worked together on this case.
Libby Clark, CM

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