



**LifeForce**  
Caregivers for the Elderly

# Caregiver Performance Evaluation

www.lifeforceeldercare.com

1-800-200-3685

PLEASE PRINT

Caregiver Name: Zaye

Client Name: Annette H.

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

Relationship to Client: Daughter

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

Date of this Evaluation: 9/13/13

E-mail Address of Evaluator: \_\_\_\_\_

Wilmington DE 19805

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: We appreciated all Zaye did for my mother.

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