



Garegiver Performance Evaluation

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1-800-200-3685

PLEASE PRINT

Caregiver Name: Masa Client Name: _____
 Person Filling Out this Form: _____ Relationship to Client: _____
 Signature of Evaluator: _____ Date of this Evaluation: 9/10/14
 E-mail Address of Evaluator: _____

Part A: Skills	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Communication Skills	✓				EXCELLENT
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:

Masa is wonderful. I could not ask for another aide. I could not live without her.

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