



PCA Evaluation Form

Date:	PCA's name:
Time:	Recipient name:

**Please enter ratings: 0-1 unacceptable; 2-3 needs improvement; 4-7 acceptable;
8-9 above average; 10 exceptional (must have reasons included)**

Attendance <i>(check one)</i>	Rating	Notes
Follows work schedule		
Reports to work on time		
No excessive absences		
Gives appropriate notice for absence		

Performance <i>(check one)</i>	Rating	Notes
Knowledge, skill, or ability		
Able to follow instructions		
Able to work with little supervision		
Overall job performance		

Work Ethic <i>(check one)</i>	Rating	Notes
Trustworthy		
Open to suggestion		
Communicates well		
Positive attitude		
Willing to learn new tasks		

Personal Cares <i>(check one)</i>	Rating	Notes
ADL's		
Behavior Intervention/Redirection		
Exercises/Transfers/Mobility		
Toileting		
Other (list)		

List additional training needed or performed:

List changes needed to be made in attendance, performance, or behavior:

List comments on PCA:

Date:	Qualified Professional signature:
Time:	Recipient/Responsible Party signature: