

PERSONAL SUPPORT WORKER PERFORMANCE APPRAISAL	ANNUAL <input type="checkbox"/> PROBATION <input type="checkbox"/>
Employee Name:	Date:

Please complete the self-appraisal and return to _____ by: _____
(fax: 416.968.3652 or email: ldouris@srtmedstaff.com)

Please rate your work performance in the following areas on a scale of 1 to 10 where:
1 to 3 = unsatisfactory 3 to 5 = satisfactory 7 to 9 = Good 10 = excellent

No.	Behaviour	Employee Rating	Comments	Manager Rating	Comments
Job Knowledge					
1	I demonstrate good knowledge of my PSW role and responsibilities				
2	I manage my time effectively				
3	I follow client care plans and carry out ONLY those duties assigned				
4	I access careTrack each visit & enter duties for each client				
5	I report any concerns about my client(s) or changes in my client's condition to the office				
6	I communicate effectively with clients/caregivers				
7	I consider client's language and cultural needs when providing care				
8	I communicate effectively with SRT coordinators and staff				
9	I communicate effectively with other health care team members				
Safety and Risk Management					
1	I take all steps to ensure my client is safe				

2	I report any concerns about client safety to the office immediately				
3	I take all steps to ensure my own safety at work				
Emergency preparedness and response					
1	I am familiar with SRT's Emergency Policies and Procedures				
2	I check the Intranet regularly for emergency updates				
3	The office has my up to date contact information				
Infection Control					
1	I practice good hand hygiene and wash my hands before and after each client				
2	I practice routine precautions and use personal protective equipment appropriately when caring for clients with infectious diseases				
Privacy					
1	I ALWAYS maintain confidentiality of client information				
2	I ensure any written client information in my possession is secure AND shredded when no longer needed				
3	I NEVER store client information (names, phone numbers, etc.) in my cell phone or on my home computer				
4	If I become aware of a privacy breach I report it to the office immediately				
5	I keep my Intranet login and password secure and NEVER disclose confidential company information to others				
Professionalism and Customer Service					
1	I always wear my SRT uniform				

2	I always wear my SRT Photo ID				
3	I always introduce myself to my clients				
4	I am always polite and courteous to my clients and their caregivers				
5	I always take the time to listen to my clients				
6	I always ask my clients how they are feeling each visit				
7	When dealing with angry clients I try to diffuse the situation and I don't take things personally				

Attitude and Work Ethic

1	I am always on time for scheduled visits OR I call the office or client directly if I'm going to be late or early for a visit				
2	I always stay the full time OR notify the office if I leave a visit early or stay longer				
3	I am flexible and work with the office to accommodate client needs/requests				
4	I am reliable and don't book off for shifts except for illness or emergencies				
5	I have a positive attitude about my work and my clients				

PLEASE LIST ANY CONTINUING EDUCATION/IN-SERVICES YOU ATTENDED IN 2012

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SRT requires that you recertify in CPR and First Aid every two years to continue to be eligible for assignments.

EMPLOYEE SIGNATURE: _____ MANAGER SIGNATURE: _____

FOR OFFICE USE ONLY

DOCUMENTATION/CERTIFICATION REQUIRED	UP TO DATE	INITIAL
CPR and First Aid	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mask Fit Testing	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Flu vaccination	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health Information with baseline immunity	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Attended annual workshop	YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHMIS Review	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Privacy Agreement	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Annual Defense Declaration	YES <input type="checkbox"/> NO <input type="checkbox"/>	

FOLLOW UP REQUIRED:**Manager Signature:** _____**Date:** _____