

# Metropolitan Center for Independent Living PCA PERFORMANCE REVIEW



Staff Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Date of Hire: \_\_\_\_\_  60-Day Introductory  Annual  Other: \_\_\_\_\_

Training score: \_\_\_\_\_

Consumer: \_\_\_\_\_

MCIL PAS Manager: \_\_\_\_\_

**Please rate the PCA staff with the following performance rating definitions:**

- Outstanding (3)**                      Exceptional supports are provided. Excels consistently and exceeds my expectations in all job responsibilities.
- Satisfactory (2)**                    Average supports are provided. Maintains standards and meets my needs.
- Fails Expectations (1)**            Generally sub-standard in meeting my needs and expectations, requires more training related to my needs and/or a refresher to MCIL's policies and procedures.
- Not Applicable (NA)**                I do not require this area for quality supports as defined by me and/or as an MCIL Manager I have not observed performance in this area.

*\*PCA's will need to complete and submit training materials for review prior to being eligible for your annual increase*

**CONSUMER OBSERVATION:**

	CHECK ONE BOX ONLY PLEASE			
	(1)	(2)	(3)	(NA)
Arrives at my home on-time & Coordinates absences with me in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to my requests and takes direction with patience and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively encourages my independence by involving me in all aspects of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledges my supervisory role and treats me with respect at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not combine personal time while working for me (i.e. limits personal calls, errands only related to my needs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add any additional comments that you would like to be included in the employee's review:*

---



---



---

The following section is to be filled out by the PAS Management team. While MCIL recognizes that the consumer is the primary supervisor in our non-traditional consumer-directed model, MCIL also believes that when we hire someone to provide quality supports, that employee needs to meet our expectations as well. All employees of MCIL must appropriately reflect our mission and philosophy of independent living to be considered for retention and or promotion.

**MCIL MANAGEMENT OBSERVATION:**

	<i>CHECK ONE BOX ONLY</i>			
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(NA)</b>
Communication is respectful and professional during all interactions with MCIL staff and consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports consumer concerns in a timely and consistent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests additional training when needs of consumer changes and/or becomes challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes and submits all required paperwork, including timesheets, by stated deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to consumer-directed schedules and Contributes to continuity by providing dependable, long-term supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments that would support the ratings this employee has been given:

---



---



---

MCIL PAS Management completes:

**Consumer Observation Score:**

**MCIL Observation Score:**

Circle one only:

**(1)**

**(2)**

**(3)**

**(1)**

**(2)**

**(3)**

Increase Eligibility:  N/A  No  Yes

**Budget Deficit**

**Wage Cap**

**Corrective Actions**

.06-.25

.26-.45

.46-.65

.66-.85

.86-1.05

1.06-1.25

1.26-1.45 +

**Must be completed:** Employee comments and future goal planning (please include any additional training that MCIL can provide to help you reach your goals). *Attach additional sheets if necessary.*

---



---



---

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MCIL Management : \_\_\_\_\_ Date: \_\_\_\_\_