

Direct Service Worker Evaluation Template

Date:

Name of the DSW:

Name of the Person Completing This Evaluation:

Question 1: Does your DSW know your likes, dislikes, and support needs?

For example: DSW takes initiative to perform needed tasks. DSW demonstrates that they know your preferences.

Does not meet requirements

Meets requirements

Exceeds requirements

Notes:

Question 2: Does your DSW behave in a professional and ethical manner?

For example: DSW is regularly on time. DSW has good attendance. DSW treats you with respect. DSW listens to you. DSW respects your privacy. DSW follows your care plan. DSW is respectful to your family and friends.

Does not meet requirements

Meets requirements

Exceeds requirements

Notes:

Question 3: Does your DSW know how to support your health and manage an emergency?

For example: DSW is knowledgeable about the medications you take. DSW is knowledgeable about your health conditions. DSW is able to perform any needed medical procedures competently. DSW follows common safety practices when cooking, locking doors, and practices fire safety.

Does not meet requirements

Meets requirements

Exceeds requirements

Notes:

Question 4: Does your DSW support you to have a clean, comfortable home?

For example: Does your DSW follow your cleaning schedule? Does your DSW pick up as needed?

Does not meet requirements

Meets requirements

Exceeds requirements

Notes:

Question 5: Does your DSW assist you with accessing your community?

For example: DSW assists with transportation to appointments. DSW assists with transportation to grocery store or pharmacy.

Does not meet requirements

Meets requirements

Exceeds requirements

Notes:

Question 6: What does your DSW do well for you?

Question 7: What could your DSW improve?