



# PCA Evaluation Form

1027 7th Street NW unit 204 Rochester, Minnesota 55901

Phone: 507-540-0801

Email: [info@rxteamhomehealthcare.com](mailto:info@rxteamhomehealthcare.com)

<b>Client Name:</b>	<b>PCA:</b>	<b>Caller:</b>	<b>Date / Time:</b>	<b>Time Check:</b>
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Service Verification Call Comment:

QP/RN:	Time-In:	Time-Out:	Total Time:	Date:
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Circle Evaluation	14Day	30Day	60Day	90Day	120Day	180Day	Other
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**Client's Name:**

**PCA's Name:**

**RN's Name:**

*Use the following table to rate the employee's attributes from poor to superior:*

<b>1. TRUST</b>	<b>Poor</b>	<b>Average</b>	<b>Superior</b>
Follows work schedule			
Reports to work on time			
No absence without prior arrangement			
Reports Time Accurately			

<b>2. Hospitality</b>	<b>Poor</b>	<b>Average</b>	<b>Superior</b>
Positive Attitude			
Learns form Client Well			
Demonstrates interest in Client			
Applies Person Centered principles			

<b>3. Compassion</b>	<b>Poor</b>	<b>Average</b>	<b>Superior</b>
Performs Cares Graciously			
Sensitive to Client's needs			
Communicates Well			
Speaks Respectfully and Kindly			

<b>4. RESPONSIBILITY</b>	<b>Poor</b>	<b>Average</b>	<b>Superior</b>
Job knowledge			
Gets work done			
Uses Client's time well			
Understands Company Policies			

**5. What areas do the PCA need more training or improvement**

**6. List any ideas or concerns the client wants to talk about.**

**7. List any ideas or concerns the PCA wants to talk about.**

**8. Other Comments**

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**PCA's Signature:**

**Date:**

**Client's (RP) Signature:**

**Date:**

**RN's Signature:**

**Date:**

**Language Interpreter:**

**Signature:**

**Date:**