PERSONAL ASSISTANT EVALUATION

State of Illinois
Department of Human Services - Division of Rehabilitation Services

CUSTOMER:

Personal Assistant (PA):

Please place a check mark in front of the statement that best evaluates the PA. Use the comments section if further explanation is appropriate.

1. ACCURACY OF WORK
   - Makes many errors
   - Is careless
   - Usually accurate
   - Is careful
   - Consistently accurate

2. CARE OF WORKING AREA
   - Very untidy
   - Careless
   - Keeps area clean
   - Keeps area clean and orderly
   - Exceptionally clean and orderly

3. USE OF WORKING TIME
   - Very wasteful
   - Wasteful
   - Fair use of time
   - Keeps busy
   - Busy and effective

4. RESPONSIBILITY
   - Irresponsible
   - Evades responsibility
   - Accepts responsibility
   - Seeks responsibility
   - Seeks and handles well

5. ATTENDANCE
   - Frequently absent or late
   - Absent or late often
   - Absent or late occasionally
   - Seldom absent or late
   - Never absent or late

6. ATTITUDE TOWARDS CONSUMER (DRS CUSTOMER)
   - Disrespectful/uncooperative
   - Poor cooperation
   - Cooperates when asked
   - Cooperates willingly
   - Very respectful, helpful and cooperative

Please respond with a Yes or No to the following questions. If additional explanation of the questions is appropriate, use the "Comments" section.

A. Are you satisfied with your PA's overall performance? _________

B. Are the hours satisfactory? _________ Please explain a "No" response in the comments section.

C. Is your PA honest in charging DHS-DRS for the actual hours worked? _________

D. Does your PA do the work as listed on the Service Plan (IL488-1049)? _________ If "No", explain in the comments section.

E. In the last year was there any period of time you were not in the home due to hospitalization, vacation, visiting out of town, etc.? _________

F. Does your PA keep a record of hours of care provided or keep copies of the Home Services Documentation of Service (IL488-2251)? _________

PA Address: ______________________

PA Phone Number(s): ______________________
A copy of this form should be provided to the HSP counselor and the Personal Assistant.