

INDEPENDENT CONTRACTOR EVALUATION FORM

Independent Contractor's name: _____

Recipient's Name: _____

Services being received by the Independent Contractor named above:

Personal Care Services

Respite Care

Personal Supports

Life Skills Development Level 1

Place check marks accordingly below

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Provides person centered care					
Provides a high quality of care					
Communicates effectively					
Very knowledgeable of your disabilities					
Uses good personal care skills to assist with *ADLs					
Encourages independence and self-help					
Plans activities that are meaningful and goal driven					
Alert in health and safety matters					
Maintains Confidentiality / HIPAA					
Reliable (is/was on time to work)					
Flexible with assignments					
Shows respect for you and your family					
Behaves in an ethical manner					

* ADLs = Activities of daily living (Bathing, grooming, toileting, dressing, oral hygiene, perineal care)

Would you like to continue using the services of this Independent Contractor? Yes No

Comments:

Recipient/Legal Guardian print

Date

Recipient/Legal Guardian signature

Please send completed and signed form to inavarro@adelcare.com or fax 407-855-1885. Thanks!

Verified by _____ Date _____