

**HG Care Services**

**Shadowing Feedback form**

Name of new worker:

Assessor:

Shadow Date:

| Question   | Yes | No | Comments |
|--|-----|----|----------|
| Did the worker meet you at the right time?                       |     |    |          |
| Were they in full HG uniform?                                    |     |    |          |
| Were they clean and presentable?                                 |     |    |          |
| Did they assist you in any tasks?                                |     |    |          |
| Did they carry these tasks out to a satisfactory standard?       |     |    |          |
| Were they polite and respectful to our Service Users?            |     |    |          |
| How many Service Users did they visit with you?                  | NA  | NA | Number:  |
| Did they speak to the Service Users?                             |     |    |          |
| Was their English easily understood?                             |     |    |          |
| Were they shown the Service Users file?                          |     |    |          |
| Was it explained to them the purpose of this file?               |     |    |          |
| Did the person ask questions about the Company or Service Users? |     |    |          |
| Have you identified any training needs? If so what are they?     |     |    |          |
| Would you advise HG to employ this person?                       |     |    |          |
| Would you like to work with this person again?                   |     |    |          |
| Does the recruit have care experience?                           |     |    |          |
| Is the recruit capable of using equipment?                       |     |    |          |

Additional Comments:

Signed Assessor \_\_\_\_\_

Position \_\_\_\_\_