



CLINICAL COMPETENCY EVALUATION FORM

Home Health Aide: _____

Home Health Aid Self Rating

Competency Assessment Method

A = I can perform well	D = Direct Observation and/or Demonstration
B = I need to review	O = Oral Question and Answer
C = I have no experience	(Circle the appropriate method below)

Skills	write A,B, or C Self-Rating	write D or O Supervisor Assessment Method	Supervisor Evaluation	
			Competency	Supervisor Initials & Date
Communication			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Observation, reporting and documentation of patient status and the care of services provided			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Reading and recording temperature, pulse and respiration			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Universal Precautions			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Basic elements of body functions and changes in condition that must be reported			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Maintaining a clean, safe and healthy environment			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize emergency situations			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize physical and emotional needs and work with the client and respect the patients privacy and property			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Appropriate and safe techniques in personal hygiene and grooming:				
Bed Bath			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Sponge Bath			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Shampoo (sink, tub or bed)			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Nail Care			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Skin Care			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Oral Hygiene			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Toileting and elimination			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe transfer techniques			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe Ambulation			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Normal positioning with proper body alignment			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize adequate nutrition and intake			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Other:			<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

_____/_____/_____
Home Health Aide Signature

_____/_____/_____
Initials/Date

_____/_____/_____
Supervisor's Signature

_____/_____/_____
Initials/Date