

CAREGIVER SELF-ASSESSMENT & VALIDATION OF COMPETENCY TOOL

COMPETENCY	SELF ASSESSMENT			VALIDATION OF COMPETENCY	
	I have done	I have not done	I need review	Verbally Satisfactory	Demonstrates Satisfactorily
Bathing and Personal Care/Dressing <ul style="list-style-type: none"> • Bed Bath/Sponge Bath • Shower/Tub • Shampoo/Hair Care • Brushing Teeth/Denture Care • Nail Care/Foot Care • Skin Care/Shaving • Dressing 					
Toileting <ul style="list-style-type: none"> • Catheter Care • Incontinence Care/Reminders 					
Transferring & Positioning <ul style="list-style-type: none"> • Bed to Chair/Wheelchair/Commode • Sitting to Standing • Use of Hoyer Lift • Use of Draw Sheet & Trapeze • Use of a Slide Board • Safe Positioning 					
Ambulating <ul style="list-style-type: none"> • Walking with Standby Assistance • Walking with Cane/Walker • Use of Gait Belt • Use of Wheelchair/Motorized Chair 					
Eating/Drinking <ul style="list-style-type: none"> • Safe Food Preparation • Use of Thickeners • Puréed Diet 					
Medications <ul style="list-style-type: none"> • Medication Reminders 					
Clients with Special Care Needs <ul style="list-style-type: none"> • Hospice Care • Developmentally Disabled • Dementia • Physical Impairment(s) • Mental Illness 					
Housekeeping/Laundry <ul style="list-style-type: none"> • Use of Dishwasher • Use of Washer/Dryer 					
Emergency Response <ul style="list-style-type: none"> • Protection of Falling Client • CPR • First Aid 					
Infection Control <ul style="list-style-type: none"> • Handwashing • Personal Protective Equip. (PPE) 					

Reviewed By:

Date:

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Caregiver:

Date:

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