

EXPERIENCE/COMPETENCY CHECKLIST FOR HOME CARE SERVICE WORKERS

Please enter the corresponding number pertaining to your work experience/competency level using the following scale:

- 1 = Experienced, can perform/operate without supervision
- 2 = Capable, can perform/operate with supervision
- 3 = Inexperienced with procedures/equipment, need training and/or supervision

Clinical Area/Knowledge:			
Task	Exp/Comp	Task	Exp/Comp
Dealing with:		Knowledge/Use of:	
• Confused Clients		• Hoyer Lift	
• Combative Clients		• Sara Lift	
Fluency in Foreign Language		• Transfer Board	
Knowledge/Use of Sign Language		• Gait Belt	
Specific Clinical Ability:			
Application of:		Personal Care	
• Ace Bandage		• Bed Bath	
• Binders		• Foot Care (Diabetic)	
• Hot Water Bottle		• Oral Care/Dentures	
• Ice Bags		• Shampoo	
Ambulation Assist/Transfer		• Shower	
Back Rubs		• Tub Bath	
Bedpans/Urinals (Positioning/Empty)		Range of Motion (ROM)	
Catheter Care (Empty & Cleaning Foley)		Turn & Position Patient	
Decubiti Treatment/Care (w/out meds)		Vital Signs	
Feeding Clients		• Temperature	
Housekeeping/Grocery Shopping		• Pulse	
Intake & Output (I & O) Record		• Respirations	
Meal Preparation		• Blood Pressure (BP)	
Ostomy Care		Weigh Patients	

Please explain any additional skills/experience you may have (attach certifications):

Signature

Date