

NEW HIRE SKILLS CHECKLIST HOME HEALTH AIDE / PERSONAL CARE AIDE

Employee Name: _____

Date: _____

This self evaluation is completed by employees.
 The skills and knowledge are based on education and experience.
 RN will be using this form as training checklist for the 30 day evaluation.

SKILL	Experience (Pls. Check)	Trained (RN Initials)	Date of training or exam conducted by RN
Personal hygiene & grooming:			
Bath: sponge / shower / tub			
Bed bath			
Shampoo: sink / tub / bed			
Nail care			
Skin care			
Oral hygiene / denture care			
Shaving			
Toileting / elimination			
Ambulation & exercise:			
Assist with walker / cane			
Safe ambulation technique			
Range of motion exercises			
Positioning of patient			
Using Gait Belt			
Transfers:			
Bed-chair/wheelchair/commode			
Using Hoyer Lift			
Infection control:			
Gloves/gowns/mask/aprons			
Waste disposal			
Hand washing			
Other:			
Making an occupied bed			
Insulin Shots			
Using Catheters			
Colostomy Bags			
Providing Tube Feeding			
Nebulizer Treatments			
Oxygen			
Compression Stockings/TEDS			
Dementia/Alzheimer Disease			
Record Keeping (Input/Output)			