CareStat L.L.C.
HOME HEALTH SERVICES

Home Health Aide Skills Checklist

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

_____
Home Health Aide Signature /Date

_____/_____/_____
Supervisor's Signature Initials//Date