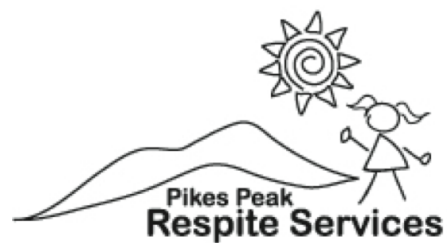


Staff Competency Checklist



Contractor Name:	
Person Receiving Supports:	
Date Completed:	
Diagnosis Specific Training Requested?	
Services Provided:	
Any Protocols? Seizures?	
	Demonstrated Proficiency- Supervisor to initial each skill completed
Personal Care Needed?	
Mouth Care	
Transfers	
Continence Care/Toileting	
Bathing	
Skin Care	
Ambulation	
Dressing	
Assistance with Exercise	
Eating Safety	
Hair Care	
Nail Care	
Positioning	

Staff Competency Checklist



Shaving	
Medication Reminder Boxes	
Please list any training needed prior to providing services:	
Supervisor Printed Name	Supervisor Signature

Staff Competency Checklist

