



### Skills Check List for CNA/ GNA/ Care Provider

Assessment Type: Initial Assessment \_\_\_\_\_  
 As-Needed Assessment \_\_\_\_\_ Annual Assessment \_\_\_\_\_

Instructions: This checklist is meant to serve as a general guideline for our client as to the level of your skills in each of the following areas. Please rate your ability as accurately as possible by writing the appropriate number.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_

Position CNA  Other: \_\_\_\_\_

Performance Criteria

*\*Please indicate your level of experience next to each skill to accurately match your skills and interests with the available assignments of our clients.*

- (1) Independent**
- (2) Requires Supervision**
- (3) Have never done (NA) does not pertain to my level of certification.**

Skills	Exp. Level	Date observed	Supervisor initial
<b>Personal care:</b>			
Total Bed Bath			
Tub Bath			
Shower			
Sitz Bath			
Hair Care			
Shampoo			
Nail and Foot Care			
<b>Skin Care:</b>			
Perineal Care			
Oral Care			
Assist with Dressing			
Elimination			
Monitor Bowel Movements			
Measure Output			
Bedpan			
Bedside Commode			
Assist to Bathroom			
Assist with Ostomy Change			
Empty Drainage Bag			
<b>Infection Control</b>			
Hand Washing			
Hand Sanitizer			



PPE			
<b>Activity:</b>			
Repositioning			
Walk with Assistance			
Walk with Supervision			
Passive Range of Motion			
<b>Observation:</b>			
Temperature Oral			
Axillary			
Temporal			
Tympanic			
Rectal			
Respiration			
Other			

Development needs:

5. What area of nursing staff's performance needs most attention

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6. What is required of this nursing staff during the next six (6) to twelve (12) to improve his or her performance.

Needs most attention:

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7. What is type of training, special or assignments, etc., will you be recommending or implementing during the next year to help develop nursing staff?

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Potential:

8. In your opinion, this nursing staff (Please select one)

- Is ready for greater responsibilities
- Has potential for advancement but needs further development
- Potential for advancement undetermined now

\_\_\_\_\_  
 Staff name/title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Nurse Supervisor Name/title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date