



Skills/Experience Checklist

Home Health Aide

- This form is a self-assessment of your current skills and abilities upon initial application.
- This form is also used to document skill demonstration.

Employee Profile			
Last Name	First Name	Middle Initial	Employee Number
Direct Supervisor (Name)		Date Form Initiated	Expiration Date on CPR Card

The instructions below will guide you in completing this form.

Sections designated with to be completed by employee.

Sections designated with to be completed by supervisor or preceptor.

Previous Experience (Sections Employee Must Complete)	Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
<p>Home Health Aide:</p> <p>Place an X in the appropriate column using the key below:</p> <p>KEY</p> <p>A = I am competent to supervise this skill</p> <p>B = I am competent to perform this skill without supervision</p> <p>C = I need to review this skill</p> <p>D = I need additional instruction on this skill</p> <p>E = I have never performed this skill</p>	<p>RN Evaluator: <u>Read all instructions prior to beginning evaluations.</u></p> <ol style="list-style-type: none"> All Home Health Aides in Certified Office Column - must demonstrate proficiency in ALL Required "X" skills <u>PRIOR to an independent assignment with ANY client.</u> State Required Demonstrations Column - must occur according to individual State requirements. <p><u>NOTE: ANY and ALL additional hands-on or personal care skills above and beyond the required "Certified" skills or "State Required" skills must be competency checked prior to independent assignment with a client requiring these skills.</u></p> <p><u>Column Key for Skill Demonstration:</u></p> <ol style="list-style-type: none"> Site of Demonstration - All "X" skills and additional hands-on personal care skills must be demonstrated on a person/patient. Rating Code – the acceptable rating is "C" for competent. Do not list a rating or Home Health Aide to perform independently with patient until this rating is obtained. RN Evaluator's initials and date of each successful skill demonstration – also sign and date last page of checklist each time an evaluation/skill is completed (see last page).

Previous Experience						Skills Demonstration				
Required for all HHAs	A	B	C	D	E	Required demo on person/patient	Additional State Requirements	Site of Demonstration L = Lab P = Patient O = Other	Rating Code C = Competent	RN Evaluator's Initials and Date of Competency
* Standard Precautions/ Infection Control						X				
* Bag Technique										
* Hand Hygiene										
1. Alternating Pressure Pad										
2. Ambulation: Mark X all that apply						X				
a. Cane										
b. Crutches										
c. Fall Precautions										
d. Transfer Belt										
e. Walker										
f. Walking (Assisted)										
g. Wheelchair										
h. Types:										



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3. Transfer Techniques						X				
a. In/Out of Bed										
b. Sit-to-Stand										
c. Chair										
d. Toilet/Commode										
e. Tub/Shower										
f. Other: _____ Other: _____ Other: _____										
4. Back Belt Use										
5. Baths						All bath types must be demo on patient				
a. Bed Bath						X				
b. Shower						X				
c. Sponge						X				
d. Tub						X				
6. Other Bathing Tasks										
a. Perineal Care										
b. Sitz Bath										
7. Bed Making – Occupied										
8. Breathing Exercises										
9. Cast Care										
10. Child Safety Precautions										
11. Dressings – Reinforce										
12. Elastic Bandages										
13. Elastic Stockings										
14. Toileting and Elimination: Mark X all that apply						X				
a. Bedpan										
b. Toilet/Commode										
c. Urinal Catheter Care										
d. Catheter Care:										
i. Change Foley Tubing and Bag										
ii. Measure Urine and Empty Bag										
e. Enema Administration										
15. Eye:										
a. Compress										
b. Contact Lens Removal										
c. Prosthesis Insertion/Removal										
16. Heating Pad/Hot Water Bottle										
17. Ice Pack										
18. General Household Cleaning										
19. Ability to recognize and maintain a clean, safe, and healthy environment										
20. Mechanical Lift										
21. Nail Care										



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22. Nutrition										
a. Meal Planning										
b. Meal Preparation										
c. Measure and Record Intake and Output										
d. Understand the concept of adequate nutrition and intake										
23. Special Diets										
a. Diabetic										
b. Low Sodium										
c. Low Cholesterol										
24. Oral Hygiene						X				
25. Denture Care										
26. Positioning						X				
27. Postmortem Care										
28. Range of Motion: Mark X all that apply:						X				
a. Active										
b. Passive										
c.										
29. Seizure Precautions										
30. Shampoo										
a. Bed						X				
b. Sink						X				
c. Tub						X				
31. Shaving										
32. Skin Care – Recognizing and Reporting Changes										
33. Warm Soaks										
34. Specimen Collection										
a. From Indwelling Catheter										
b. Sputum										
c. Stool										
35. Suctioning – Oral										
36. Vaginal Irrigation (douche)										
37. Measure and Report Vital Signs: Mark X all that apply										
a. Pulse						X				
b. *Blood Pressure						X				
c. Respiratory Rate						X				
d. Temperature						X				
i. Axillary										
ii. Oral										
iii. Rectal										
38. Weight										
39. Assistance with Medications – As Permitted by State										
a. Topical										
b. Oral										
c. Eardrops										
d. Eye Drops / Ointments										
e. Suppositories – Rectal										



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40. Ability to read and write						X				
41. Verbally able to report clinical information to patient, caregivers, and other home health staff.						X				
42. Ability to observe, report, and document patient status and the care or services provided						X				
43. Ability to report basic elements of body functioning and changes in body function that must be reported to an aide's supervisor						X				
44. Ability to work with the populations we serve, including the physical, emotional, and developmental needs of the patients						X				
45. Ability to work with the populations we serve, including the need for respect of patient, his/her privacy and property						X				
46. Ability to recognize emergencies and knowledge of emergency procedures						X				
47. Other										
Other:										
Other:										
48. State Specific Requirements:										

Supervisor/Preceptor Comments:

Home Health Aide Signature: _____ Date: _____



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RN Evaluation must add signature each time additional skills are demonstrated.

Evaluator Initials	Print Name	Signature	Title	Date (m/d/yyyy)