



# Skills/Experience Checklist

## HH Occupational Therapist/ Certified Occupational Therapy Assistant

- This form is a self-assessment of your current skills and abilities.
- 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	Check One <input type="checkbox"/> OT <input type="checkbox"/> COTA
CPR Card Expiration Date:			

**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.**

<b>Previous Experience</b> (Sections Employee Must Complete)	<b>Instruction, Review, or Skill Demonstration</b> (Sections Supervisor or Preceptor Must Complete)
<p>Place an <b>X</b> in the appropriate column using the key below:</p> <p><b>KEY</b></p> <p><b>A</b> = I am competent to supervise this skill</p> <p><b>B</b> = I am competent to perform this skill without supervision</p> <p><b>C</b> = I need to review this skill</p> <p><b>D</b> = I need additional instruction on this skill</p> <p><b>E</b> = I have never performed this skill</p>	<p><b>Supervisor:</b> Indicate whether or not instruction is required then document completion in the appropriate columns. If C or D is selected, review the instruction and possibly the skills demonstration is required prior to assignment to applicable patients.</p> <p><b>Preceptor:</b> Document completion of skills demonstration or indicate NA as applicable. A date and initials in the Skill Demonstration column indicates competency has been achieved. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations.</p> <p><b>Complete the signature section at the end of this form.</b></p> <p><b>OT/COTA must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skills regardless of previous experience.</b></p>

<b>Previous Experience</b>	<b>Instruction, Review, or Skill Demonstration</b>									
<input checked="" type="checkbox"/> <b>Required for all OTs / COTAs</b>	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<b>Infection Control</b>										
* Bag Technique										
* Hand Hygiene										
*Aseptic Technique										
<input checked="" type="checkbox"/> <b>Required for all OTs /COTAs</b>	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<b>Assessment</b>										
* Vital Signs (BP, HR, RR, Temp)										
* Central and Peripheral Pulse (carotid, radial, dorsal pedal, posterior tibial)										
* Borg and Dyspnea RPE Scales										
*Pulse Ox (O <sub>2</sub> Saturation) including orders and parameters										
Other:										
State specific:										



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Assessment (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Mental Status										
Pain Assessment Scales										
Grip Strength/Dynamometer										
Manual Muscle Testing										
Muscle Tone										
Edema in Extremities										
Skin Integrity										
Protective Sensation (Monofilament Testing, if applicable)										
Sensation										
Home Safety/Hazards										
Visual Perception										
Fine Motor Coordination/Dexterity Assessment (9 Hole Peg Test)										
Timed Up and Go (TUG) Test										
Functional Reach and Modified Functional Reach										
ADLs: Feeding, bathing, dressing, grooming, toileting										
<b>* Barthel Index</b>										
Activities-Specific Balance Confidence Scale (ABC Scale)										
IADLs: meal prep, heavy cleaning, laundry, grocery shopping, budgeting, money management, bed making, med management										
Leisure Skills Assessment										
Mini-Cog™										
Montreal Cognitive Assessment (MoCA)										
Saint Louis University Mental Status (SLUMS)										
Other:										
State Specific:										
Supervisor/Preceptor Comments:										



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👤 Previous Experience						📋 Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all OTs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Documentation										
*Home Care Consents										
*Plan of Care Development										
*Physician Orders										
*OASIS Functional Scoring										
* Medication Reconciliation: Documentation, including Drug Names, Route, Dosage, Frequency, Potential Interactions										
*State Specific COTA supervision										
*Therapy Reassessment Expectations/Rules										
Other:										
State Specific:										

Supervisor/Preceptor Comments:

👤 Previous Experience						📋 Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for all OTs / COTAs	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Intervention										
Instruction in Pain Management Techniques										
Instruction in Post-Op Precautions/Restrictions										
ADL/IADL Instruction										
Adaptive equipment selection and instruction										
Home Safety Instruction and Modifications										
Activity/Exercise Development/ Instruction/ Progression and Resources										
Functional mobility instruction										



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<b>Previous Experience</b>						<b>Instruction, Review, or Skill Demonstration</b>				
Intervention (continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Instruction in wheelchair mobility										
Instruction in Energy Conservation Techniques										
Posture and Body Mechanics										
Case Management										
Instruction in Edema Management										
Disease management: (i.e. CHF, DM, COPD, etc..) and Resources										
Instruction in Pressure Ulcer prevention										
Other:										
State Specific:										
Supervisor/Preceptor Comments:										

<b>Previous Experience</b>						<b>Instruction, Review, or Skill Demonstration</b>				
<input checked="" type="checkbox"/> <b>Check the Box to Indicate Additional Required Skills</b>	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
<input type="checkbox"/> Instruction in Transfer Equipment (i.e. Hoyer Lifts)										
<input type="checkbox"/> Application/Instruction on Immobilizers and Splints										
<input type="checkbox"/> Minor adjustments/fitting of static hand splints										
<input type="checkbox"/> Application/Instruction on Cervical and Lumbar Orthotics										
<input type="checkbox"/> Application/Instruction on donning UE/LE Prostheses										
<input type="checkbox"/> Instruction in Low Vision techniques/modification										
Other:										
State Specific:										



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Supervisor/Preceptor Comments:

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