

MSW Competency Checklist

NAME Last First Initial DATE

INSTRUCTIONS: Use the following answer key to indicate the extent of your "previous experience." and/or knowledge
 (1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Verbal/Demo Competency Date/Initial	Comments
Medicare regulations			
Documentation of service			
Determine frequency of visits needed by client			
Determine homebound status			
Discharge criteria			
Knowledge of Community Agencies			
Community resource Planning			
Evaluation of Client to include:			
- psychosocial			
- Support system			
- Health factors			
- Finances			
Counsel for long range planning and decisions			
Nursing Home placement			
Transportation arrangements			
Emotional support			
Meal Services			
Abuse/neglect/exploitation assessment and intervention			
Advanced directives			
Crisis intervention			
Emergency Response system Assistance			
Referral to support groups			
Care coordination with home health team			
Safety Assessment/intervention			

Signature/Title of Evaluator: _____ Date _____