

COMPETENCY ASSESSMENT SKILLS CHECKLIST— OCCUPATIONAL THERAPIST ASSISTANT

Name: _____

Date of Employment: _____ Date Completed: _____

Self Assessment				Competency for the Occupational Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				A. Demonstrates ability to process paperwork and associated functions necessary to facilitate:			
				1. Knowledge of Assessment Process:			
				a. Assesses response to treatment			
				b. Other:			
				2. Documentation Skills: (accurate, timely, complete, legible)			
				a. Progress notes, flow sheets			
				b. Incident reporting			
				c. Other:			
				3. Adheres to POC:			
				a. Reviews POC prior to care			
				b. Performs services as ordered			
				c. Documents according to POC			
				d. Communicates/coordinates as appropriate			
				e. Other:			
				4. Knowledge of Medicare/State Guidelines			
				a. Criteria for participation			
				b. Skilled reimbursable visit			
				c. Other:			
				5. Reports and documents key information to Physician, DC planner, Clinician, Pharmacist, Supervisor			
				6. Submits written summary reports as indicated			

Self Assessment				Competency for the Occupational Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				7. Attends/participates in case conferences as required			
				8. Supply/HME requisition and management			
				9. Infection Control Practices			
				a. Hand washing			
				b. Personal protective equipment			
				c. Exposure control plan			
				d. Equipment care, as appropriate			
				e. Other:			
				10. Patient home safety			
				11. Other:			
				B. Patient Education			
				1. Develops/implement teaching plan			
				2. Evaluates effectiveness of teaching			
				3. Documents patient response			
				4. Other:			
				C. Clinical Skills—General			
				1. Vital Signs			
				2. Other:			
				D. Skilled Treatments/Interventions			
				1. Teaches ADL/IADL Program			
				2. Work simplification and energy conservation			
				3. Teaches muscle reeducation program			
				4. Perceptual motor training			
				5. Fine motor training/dexterity training/gross motor training			
				6. Neuro-developmental training			
				7. Sensory enhancement (tactile, ocular, gustatory, Olfactory, proprioceptive, auditory, vestibular, kinesthesia)			

Self Assessment				Competency for the Occupational Therapist Assistant	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				8. Arranges orthotics/splinting			
				9. Arranges adaptive equipment			
				10. Teaches caregiver exercises/activities			
				11. Safety evaluation/environment adaption recommendations			
				12. Other:			

Comments:

Employee Signature

Date

Supervisor Signature

Date

Preceptor(s)

Date

Preceptor(s)

Date

Preceptor(s)

Date