

Help at Home Homecare
Homemaker / Companion / Sitter / Driver

Employee Name: _____

Date: _____

Homemaker/Companion Self Rating
 A = I can perform well
 B = I need to review
 C = I have no experience

Competency Assessment Method
 D = Direct
 Observation/Demonstration
 O = Oral Question / Answer

Touch or Mouse Click A, B or C Below for Each

Skills	Self Rating	Supervisor Assessment Method	Supervisor Evaluation		
			Competency		Supervisor Initials & Date
Maintaining a client's home in optimum state of cleanliness depending upon the Client/family resources	A B C	D O	Met	Not Met	
Stabilizing client when Standing, sitting or walking as needed, by holding arm or hand	A B C	D O	Met	Not Met	
Providing companionship for client	A B C	D O	Met	Not Met	
Accompanying to Dr.'s and other appointments	A B C	D O	Met	Not Met	
Sitting with the client reading, playing games, reminiscing	A B C	D O	Met	Not Met	
Taking care of children while parents are temporarily away from the home or temporary home, i.e., vacation	A B C	D O	Met	Not Met	
Shopping/errands	A B C	D O	Met	Not Met	
Performing casual cosmetic assistance, i.e., brushing hair, assist with make-up, filing with soft file and polishing nails (but not clipping nails)	A B C	D O	Met	Not Met	
Meal preparation w/ cleaning up afterwards	A B C	D O	Met	Not Met	
Laundry, washer/dryer	A B C	D O	Met	Not Met	
Light Housekeeping	A B C	D O	Met	Not Met	
Ironing	A B C	D O	Met	Not Met	
Pet Care	A B C	D O	Met	Not Met	

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____