

AGE SPECIFIC COMPETENCY ASSESSMENT FORM

Instructions: Supervisors must complete this form annually for each employee who has regular clinical contact with patients. Forward the completed form attached to the Performance Evaluation to Hospital Human Resources.

Employee Name: _____
Last Name First Name

Dept Name: _____

Job Title: _____

Check age(s) of patients served:
(check all that are applicable for this employee)

- Neonate/infant (birth to 1 year)
- Pediatric (1 year to 12 years)
- Adolescent (12 to 18 years)
- Adult (18 to 65 years)
- Geriatric (65 plus)

Check one for numbers 1-6

1. Evaluates for age-appropriate behavior motor skills and physiological norms of the above identified patients.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

2. Recognizes patient's psychological development and modifies approaches for the above identified patients.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

3. Recognizes potential lifestyle changes resulting from illness that will interfere with the discharge plan and develops plan accordingly.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

4. Identifies increased physical and emotional dependency needs and evaluates availability of support system for the above identified patients.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

5. Interviewing and communication techniques are age specific.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

6. Assesses patients for signs and symptoms of abuse or neglect and refers to appropriate personnel and/or community agency.

- not applicable
- below standard
- meets standard
- above standard

Comments: _____

(if applicable) _____

Employee's Signature

Date (mm/dd/yy)

Supervisor's Signature

Supervisor's Name(Print)

Date of Evaluation
(mm/dd/yy)