

# Company Name

## Validation of Skills for Companion

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

<p><b>*Score Key:</b>          1 = Independent          2 = Performs with Supervision          3 = Requires Professional Development</p>	<p><b>** Validation Method Key</b>          DO = Direct Observation          WV – Written Validation          VV = Verbal Validation          SV – Simulated Validation (Observed)</p>	<p><b>Frequency of Validation</b>          ◇ Core Skills – validated on hire and annually          * Performance Skills – validated prior to independent performance          ● On Hire – validated on hire</p>
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Skill	Self Evaluation			Skill Validation				Re-Validation (Professional development as needed)			
	Score*	Date	Frequency	Score*	Method**	Initials	Date	Score*	Method**	Initials	Date
I. Infection Control			◇								
A. Hand washing			◇								
B. Personal protective equipment			◇								
C. Hazardous materials handling and disposal			◇								
D. Equipment cleaning			●								
II. Companion and Respite			●								
A. Assist with hobbies			●								
B. Prepare Food			●								
C. Serve Food			●								
D. Sit to allow caregiver respite			●								
III. Exercise			●								
A. Remind to Exercise			●								
B. Standby Assist during exercise			●								
C. Promote Proper Technique			●								
D. Monitor			●								
IV. Accompaniment			●								
A. Errands			●								
B. Transport to Doctor			●								
C. Shopping			●								
D. Banking			●								
V. Protective Oversight			●								
A. Standby Assistance			●								
B. Prevent Wandering			●								
C. Redirection Techniques			●								
VI. Housekeeping			●								
A. Wash Dishes			●								
B. Vacuum			●								
C. Laundry			●								
D. Empty Trash			●								
E. Change Linen			●								
F. Make Bed			●								
G. Mopping			●								

Competency Evaluator: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Competency Evaluator: \_\_\_\_\_ Initials: \_\_\_\_\_