

**MANUAL PERFORMANCE SKILLS
EVALUATION COMPETENCY TOOL**

21 ESSENTIAL MANUAL PERFORMANCE SKILLS		1st Attempt			2nd Attempt			3rd Attempt		
Skill #	Goal	P / F	Date	Initial	P / F	Date	Initial	P / F	Date	Initial
1	Hand Washing									
2	Perform Oral Hygiene									
3	Shaving a resident									
4	Perform Nail Care									
5	Perform Perineal Care									
6	Give Partial Bath									
7	Give Shower/Tub Bath									
8	Make Occupied Bed									
9	Dress Resident									
10	Transf. Res. to W/C w/ Transfer Belt									
11	Transfer Using Mechanical Lift									
12	Ambulate w/ GAIT Belt									
13	Feed Resident									
14	Calculate I & O									
15	Place Resident in a Side-Lying Position									
16	Perform PROM									
17	Apply & Remove PPE									
18	Measure/record TPR									
19	Measure/record BP									
20	Measure/record WT									
21	Measure/record HT									

Classroom Instructor / Approved Evaluator Signature

Name: _____

**MANUAL PERFORMANCE SKILLS
EVALUATION COMPETENCY TOOL**

Clinical Day	Date		Clinical Instructor / Approved Evaluator Signature	Initials
One				
Two				
Three				
Four				
Five				
Six				
0 -does not meet standards 1 -meets standards 2-exceeds standards				

INSTRUCTOR / APPROVED EVALUATOR'S COMMENTS

Clinical 1	
Clinical 2	
Clinical 3	
Clinical 4	
Clinical 5	
Clinical 6	