

Personal Care Orientation Evaluation District # _____

7

Name of PCA _____ Service start date _____ Supervised on _____

P = Physical demonstration O = Oral testing W = Written testing C = Consultation S = Satisfactory U = Unsatisfactory N = Needs improvement

Task/Concept	Demonstrated by	Skill level	Comments
Dressing	P O W C	S U N	
	P O W C	S U N	
Mobility	P O W C	S U N	
	P O W C	S U N	
Cane	P O W C	S U N	
Crutches	P O W C	S U N	
Manual wheelchair	P O W C	S U N	
Power wheelchair	P O W C	S U N	
	P O W C	S U N	
Positioning	P O W C	S U N	
Transfers	P O W C	S U N	
	P O W C	S U N	
Pivot	P O W C	S U N	
Sliding board	P O W C	S U N	
Two-person	P O W C	S U N	
Hoyer	P O W C	S U N	
	P O W C	S U N	
Toileting	P O W C	S U N	
	P O W C	S U N	
Bowel program	P O W C	S U N	
Bladder program	P O W C	S U N	
Catheter care	P O W C	S U N	
Foley catheter	P O W C	S U N	
Straight catheter	P O W C	S U N	
Condom catheter	P O W C	S U N	
Catheter irrigation	P O W C	S U N	
Menses	P O W C	S U N	
	P O W C	S U N	
Eating	P O W C	S U N	
	P O W C	S U N	
Tube feeding	P O W C	S U N	
Special diet	P O W C	S U N	
Choking	P O W C	S U N	
	P O W C	S U N	
Bathing	P O W C	S U N	
	P O W C	S U N	
Tub	P O W C	S U N	
Shower	P O W C	S U N	
Partial	P O W C	S U N	
	P O W C	S U N	
Grooming	P O W C	S U N	
	P O W C	S U N	
Hand washing	P O W C	S U N	
Hair	P O W C	S U N	
Oral care	P O W C	S U N	
Nails	P O W C	S U N	
Deodorant	P O W C	S U N	
	P O W C	S U N	
Range of motion	P O W C	S U N	
Muscle strengthening	P O W C	S U N	
Respiratory	P O W C	S U N	
	P O W C	S U N	
Postural drainage	P O W C	S U N	

Percussion	P	O	W	C	S	U	N	
Blow bottle	P	O	W	C	S	U	N	
Nebulizer	P	O	W	C	S	U	N	
Ventilator	P	O	W	C	S	U	N	
Oxygen	P	O	W	C	S	U	N	
Clean suction	P	O	W	C	S	U	N	
	P	O	W	C	S	U	N	
Medications	P	O	W	C	S	U	N	
Oral	P	O	W	C	S	U	N	
Topical	P	O	W	C	S	U	N	
Inhalant	P	O	W	C	S	U	N	
Drops	P	O	W	C	S	U	N	
Rectal	P	O	W	C	S	U	N	
Vaginal	P	O	W	C	S	U	N	
Psychotropic	P	O	W	C	S	U	N	
	P	O	W	C	S	U	N	
Seizures	P	O	W	C	S	U	N	
Equipment maintain/clean	P	O	W	C	S	U	N	
Skin care	P	O	W	C	S	U	N	
	P	O	W	C	S	U	N	
Wound care	P	O	W	C	S	U	N	
	P	O	W	C	S	U	N	
Behavior	P	O	W	C	S	U	N	
Self injury	P	O	W	C	S	U	N	
Injury to others	P	O	W	C	S	U	N	
Property destruction	P	O	W	C	S	U	N	
↑ vulnerability 2 nd to cognitive deficits or socially inappropriate behavior	P	O	W	C	S	U	N	
Verb. aggressive/resist care	P	O	W	C	S	U	N	
VA/child maltreatment	P	O	W	C	S	U	N	
Universal precautions	P	O	W	C	S	U	N	
Communication with student	P	O	W	C	S	U	N	
Positive behavioral practices	P	O	W	C	S	U	N	
Fraud	P	O	W	C	S	U	N	
Documentation	P	O	W	C	S	U	N	
What to ID/how to report								
Care plan reviewed with PCA	Y	N						

Based on the competencies demonstrated by Written/Oral testing, Physical demonstration and/or Consultation with the responsible party and/or student who can direct their own care, it is my professional opinion that the individual named above is knowledgeable about and capable to provide personal assistance services related to the care plan for _____ dated _____.

Name and title of person who completed evaluation: _____

Signature of person who completed evaluation: _____ Date: _____

Evaluation(s) completed on the dates times below:

Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____

Notes: