LEWIS CLARK STATE COLLEGE

Employee/former employee name: _____

Information about the agency:

Name of facility: _____ Location: _____

Contact information:

Phone no. _____ email address: _____

Your name: _____ Title: _____

Relationship to employee: _____

Dates of employment that relate to the experience listed below: _____

Please indicate your evaluation of the performance of the above employee/past employee in each of the areas. Please use the following scale:

- **C = competent in both skill and associated knowledge about the skill**
- **CS = lacked competence in either the skill performance or the knowledge associated with the skill**
- **NA = no knowledge of competence in this particular area**

	Basic restorative services: Training the patient for self-care		Bathing/Peri-Care
	Basic restorative services: Use of assistive devices		Positioning and turning
	Basic restorative services: Proper positioning in bed and chair		Toileting
	Donning & Doffing PPE		Dressing & Grooming
	Assisting with eating		Proper feeding techniques
	Assisting with hydration		Skin care
	Transfers bed to chair; bed to gurney		Vital Signs
	Hand Hygiene		

Signature: _____ Date _____

Applicant signature allowing release of information: _____