

SAMPLE INITIAL COMPETENCY SELF-ASSESSMENT

1. At the time of hire, each staff person will be required to complete a “Competency Self-Assessment” form. This form will provide supervisory staff with an assessment of the staff’s ability to perform each skill and activity required by their position.
2. In the event of noted deficiencies in one or more areas of competencies, supervisory staff will develop and implement a plan for correcting deficiencies. The plan will include the training and education necessary for the staff person to become competent in the skills required for the position.

(PACE PROGRAM)

INITIAL COMPETENCY SELF-ASSESSMENT: (TITLE OF POSITION)

Name:	Department:	Date of hire:
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Rate your competency to perform each skill or activity with an A, B, C as follows:

- A. I feel completely competent in this skill/activity.
- B. I feel that I could become competent in this skill/activity with some additional training.
- C. I am unfamiliar with this skill/activity and require education to become competent.

Plan to correct deficiencies (including timeframe):

Employee signature: _____ Date: _____

Preceptor Signature: _____ Date: _____