

SPEECH THERAPY ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

3 months

6 months

1 year

Self-needs assessment:

1. Able to perform independently

2. Able to perform after review of information

3. Able to perform with assistance only

4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
Corporate compliance	Mandatory training				1 yr			
CPR/BLS renewal	Direct observation and written test				2 yrs			
Infection control	Direct observation				1 yr			
Mandatory training	Video & post test				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			