**TRANSPORTATION COORDINATOR ANNUAL COMPETENCY ASSESSMENT**

*(PACE program)*

Name: __________________________     Employee #: _______     Department: _______

Date of Hire: _______________     Instructor Signature: ___________________________

**TIME FRAME:**

<table>
<thead>
<tr>
<th></th>
<th>Self-needs assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>1. Able to perform independently</td>
</tr>
<tr>
<td>6 months</td>
<td>2. Able to perform after review of information</td>
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<tr>
<td>1 year</td>
<td>3. Able to perform with assistance only</td>
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<tr>
<td></td>
<td>4. Unable to perform</td>
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<table>
<thead>
<tr>
<th>Standards</th>
<th>How standard met:</th>
<th>Date</th>
<th>Instructor Initials</th>
<th>Time Frame</th>
<th>Met</th>
<th>Not met</th>
<th>Self-needs assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations of participant movement</td>
<td>P&amp;P manual</td>
<td>1 yr</td>
<td></td>
<td></td>
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<tr>
<td>Cultural respect</td>
<td>Self-study module</td>
<td>1 yr</td>
<td></td>
<td></td>
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<tr>
<td>Latex allergy</td>
<td>Self-study module</td>
<td>1 yr</td>
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<tr>
<td>Age specific</td>
<td>Self-study module</td>
<td>1 yr</td>
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<tr>
<td>Corporate compliance</td>
<td>Mandatory training</td>
<td>1 yr</td>
<td></td>
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<tr>
<td>CPR every 2 years</td>
<td>Direct observation and written test</td>
<td>2 yrs</td>
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<tr>
<td>Infection control</td>
<td>Direct observation</td>
<td>1 yr</td>
<td></td>
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<tr>
<td>Department manuals</td>
<td>P&amp;P manual, participation</td>
<td>1 yr</td>
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<tr>
<td>Immunizations (PPD every year)</td>
<td>Policy #</td>
<td>1 yr</td>
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<tr>
<td>Driver’s license renewal (if applicable)</td>
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<td>5 yrs</td>
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<td>Defensive driving renewal (if applicable)</td>
<td>Defensive driving course</td>
<td>2 yrs</td>
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<tr>
<td>Disaster/fire drills</td>
<td>Tour</td>
<td>1 yr</td>
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<tr>
<td>Emergency equipment</td>
<td>Direct observation</td>
<td>1 yr</td>
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