

MSW Competency Checklist

NAME Last First Initial DATE

INSTRUCTIONS: Use the following answer key to indicate the extent of your “previous experience.” and/or knowledge
 (1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Verbal/Demo Competency Date/Initial	Comments
Hospice regulations			
Documentation of service			
Determine frequency of visits needed by client			
Nursing Home placement			
Referral to support groups			
Safety Assessment/intervention			
Community resource Planning			
Evaluation of Client to include:			
- Psychosocial			
- Support system			
- Health factors			
- Finances			
Emergency Response system Assistance			
Crisis intervention			
Transportation arrangements			
Emotional support			
Meal Services			
Abuse/neglect/exploitation assessment and intervention			
Advanced directives			
Bereavement risk assessment			
Terminal Care: Ability to cope with death at home			

Signature/Title of Evaluator: _____ Date _____