

(Name of Organization)
POST TRAINING SELF-EVALUATION

EMPLOYEE: _____ EMPLOYEE #: _____
 MANAGER: _____ DOH: _____

Self Assessment				Competencies for the Volunteer	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:				
Yes	No	Yes	No			
				CORE COMPETENCIES		
				All Volunteers		
				Demonstrate ability to process paperwork and associated functions necessary to facilitate:		
				1. Philosophy of Meals on Wheels		
				2. Communication skills		
				a. Eye contact, active listening		
				b. judgemental responses		
				c. Open-ended questions		
				d. Paraphrasing		
				e. Self-disclosure		
				f. Support and reassurance		
				g. Other		
				3. Reporting and documentation		
				a. Communcation with other volunteers		
				b. coordinator		
				c. Documentation of activities accurately		
				d. Other		
				4. Other		
				Comments:		
				Key for Evaluation Method: Verbal Test V Written Test W Observation O Demonstration D Special Training ST		
				VOLUNTEER NAME: _____		
				VOLUNTEER SIGNATURE: _____		
				VOLUNTEER COORDINATOR NAME: _____		
				VOLUNTEER COORDINATOR SIGNATURE: _____		