CHRISTUS Spohn Health System Age Specific Performance Appraisal	
NAME: _____	**ASSOCIATE NUMBER:** _____
POSITION TITLE: _____	**DATE:** _____

The above staff member must be able to demonstrate the **knowledge** and **skills** necessary to provide care based on physical, motor and sensory adaptation, cognitive and psychosocial appropriate to the age of the patients served in his/her assigned area.

Age Specific Checklist:
The assessment of competence for each applicable category on the checklist below is based on one or more of the following:
1 – Review of a sample of medical records.
2 - Observation of interaction with patient, family, significant other.
3 - Observation of participation in development of age appropriate treatment plan.
4 - Other _____.
N/A – Not Applicable

From the list above, place the appropriate response in each box below.
Mark N/A if the staff member has NOT had any contact with a particular age category.

Competency	**Neonate**	**Infant**	**Toddler**	**Pre-School**	**School Age**	**Adolescent**	**Adult**	**Geriatric**
	0-1mo	1mo-1 yr	1-3y	3-6 y	6-12y	12-17y	18-64y	65 +
Verbalizes knowledge of growth and development								
Demonstrates ability to obtain age-specific data								
Applies age-specific data to treatment plan								
Performs care appropriate to age category (i.e., medication, equipment)								
Utilizes age-appropriate communication skills								
Incorporates knowledge of age-specific community resources								
Involves family and/or significant other in plan of care								

☐ I have reviewed and completed the annual competency checklist for my department.

_____ _____
Signature, Associate Date

_____ _____
Signature, Validator Date

Comments:

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