Assesments for Social Care, 4 weeks

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| **Learner** | Name: Date of birth: |
| **Placement:** | Name: Country: |

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|  | **Measures** | **Skills** | **Elmentary** | **Good** | **Excellent** | Not applicable |
| 1 | Practical elementary hygienic work | Perform basic daily care ex: |  |  |  |  |
| * Oral and dental care
 |  |  |  |  |
| * Dressing and undressing
 |  |  |  |  |
| * Seat or help mobilize the client for rest, moves or activities
 |  |  |  |  |
| * Prepare healthy food
 |  |  |  |  |
| * Clean
 |  |  |  |  |
|  |  |  |  |  |
| 2 | Pedagogical Understanding | Lead a group |  |  |  |  |
| Adapt to the needs of the clients |  |  |  |  |
| Organize activities |  |  |  |  |
|  |  |  |  |  |
| 3 | Interaction and communication with client/resident/family and relatives | Create a situation of exchange, favoring dialogue, the will of the client and the co-operation of their family and relatives. |  |  |  |  |
| Analyze the client’s needs and adjust to them. |  |  |  |  |
| Guide the client to professionals, departments or partners as required. |  |  |  |  |
| Gather, select, and organize information  |  |  |  |  |
| Observe |  |  |  |  |
| Choose and use correct communication tools. |  |  |  |  |
| Draw up, write and communicate work related documents. |  |  |  |  |
| Plan one’s own work activities |  |  |  |  |
| Establish the work timetable and the team members’ work activities. |  |  |  |  |
| Participate in team members’ evaluation. |  |  |  |  |
| Be aware of his responsibility within a team |  |  |  |  |
| Have a critical mind |  |  |  |  |
| Take initiative |  |  |  |  |
|  |  |  |  |  |
| 5 | Administrative and documental tasks | File documents |  |  |  |  |
| Keep professional secrets |  |  |  |  |
| Evaluate product and material needs |  |  |  |  |
|  |  |  |  |  |
| 6 | Create and implement activities | Organize, lead and evaluate activities. |  |  |  |  |
| Adapt the activities to the clients |  |  |  |  |
|  |  |  |  |  |
| 7 | Planning and management | Plan one’s own work activities |  |  |  |  |
| Accept another point of view |  |  |  |  |
|  |  |  |  |  |

Date of assessment:\_\_\_\_\_\_\_\_\_\_\_

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 **Signature, placement supervisor Signature, learner**