

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Quality Assurance Division – Certification Bureau**

FEEDING ASSISTANT SKILLS COMPETENCY CHECKLIST

Facility _____

Trainee's Name _____

Training Date(s) _____

<i>Competencies by written exam</i>	DATE PASSED	COMMENTS	SIGNATURE OF INSTRUCTOR
FEEDING TECHNIQUES/ASSISTANCE WITH FEEDING			
Proper nutrition			
Food likes & dislikes			
Adaptive feeding equipment			
Consistency of foods & fluids			
Proper positioning			
Resident & tray preparation			
Encouraging independence			
COMMUNICATION & INTERPERSONAL SKILLS			
Verbal & non-verbal communication			
Reporting amounts of food/fluid consumed			
Identifying/reporting feeding problems			
Communication with hearing impaired			
APPROPRIATE RESPONSE TO RESIDENT BEHAVIOR			
Factors re: to inappropriate behaviors			
Techniques to gain resident's cooperation			
RESIDENTS' RIGHTS			
Federal requirements			
State requirements			
HIPPA			
<i>Competencies by demonstration</i>			
Converses with residents during meals			
Supervision/cueing assistance to eat			
Partial physical assistance to eat			

Full physical (hand-over-hand) assistance to eat			
Feeding totally dependent resident			
Assisting the blind			
Heimlich maneuver			
Checks for proper diet/safe temperature			
Proper hand washing			
Proper use of gloves			
Proper handling of food, utensils & dishware			

Verification of completion of course _____
Signature of instructor
Date