



## Dietary Aide Skills Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Tray Setting Procedure				
Prepare portion controlled servings				
Label all special foods				
Set up patient trays for meals				
Follow physician diet orders				
Deliver patient trays				
Operate dishwasher				
Clean dishes				
Ensure sanitary conditions and food safety				
Answer phone and record patient meal selections				

Skill Level	1	2	3	4
<b>EMR</b>				
Allscripts				
Cerner				
Epic				
HomeCare Home Base				
McKesson				
Meditech				
CBORD				
Other Computerized Documentation System				

Please list any areas of expertise below:

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**I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_