

HOMEMAKER COMPETENCY EVALUATION

Task	Date	Satisfactory	Unsatisfactory	RN Initial
I. Meal Preparation				
A. Temperature				
B. Use of stove, oven, and microwave				
C. Infection control				
II. Laundry				
A. Use of washer/drier				
B. Changing linens/making beds				
III. Light Housekeeping				
A. Use of mop/vacuum				
B. Dusting furniture				
IV. Safety in the home environment				
V. Patient/Family confidentiality				
VI. Communication				
VII. Other				

Homemaker Name: _____

Signature of RN: _____ **Date:** _____