



## Self-Assessment and Monitoring Tool

**Must be completed by Newly Contracted instructors teaching Core Basic Training.**

CONTRACT / BUSINESS NAME		
PHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS	ASSESSMENT DUE BY

**This self-assessment must be completed and submitted back to the Department in its entirety along with all required corresponding documentation by the assessment due date in order to comply with the Department's monitoring of new Community Instructor Contracts. Attach additional pages as needed.**

- Under the contract's Special Terms and Conditions 3. a (1) (2) c (1) (2) (3) and d, please submit all student records, student contact information, class summaries and evaluations from classes you have conducted this month and for the **previous** three (3) months. If you would like to use DSHS forms, please contact us.
- Please provide a copy of your **Home Care Aide (HCA) Basic Training** class schedule for this month and the **next** three (3) months. Include the specific date, time, and lessons taught on each day. Under the contract's Special Terms and Conditions (6), we request this information so that we may visit to observe your instruction. This visit will be unannounced.
- Please indicate below the classes you are contracted to teach and specify what you charge for the course and the number of students you have issued certificates to for each class since becoming a contracted Community Instructor.

NAME OF CLASS (SKILLS TRAINING IS A PART OF CORE BASIC TRAINING)	CONTRACTED	AMOUNT YOU CHARGE (INDICATE PER HOUR / COURSE / CREDIT)	NUMBER OF STUDENTS ISSUED CERTIFICATES
Continuing Education	<input type="checkbox"/>	\$	
Orientation and Safety	<input type="checkbox"/>	\$	
Core Basic Training	<input type="checkbox"/>	\$	
Specialty Mental Health	<input type="checkbox"/>	\$	
Specialty Dementia	<input type="checkbox"/>	\$	
Specialty Traumatic Brain Injury	<input type="checkbox"/>	\$	
Specialty Developmental Disabilities	<input type="checkbox"/>	\$	
Nurse Delegation (Core or Diabetes)	<input type="checkbox"/>	\$	
Population Specific (any course)	<input type="checkbox"/>	\$	
75-Hour Certificate of Completion	<input type="checkbox"/>	\$	
Other, please indicate:	<input type="checkbox"/>	\$	
<b>Total number of students issued certificates in all classes:</b>			

Send self-assessment and all corresponding documentation to [TPQA@dshs.wa.gov](mailto:TPQA@dshs.wa.gov).

4. List which classes you teach or require students to have prior to issuing a 75-hour certificate of completion. We are asking specifically for a breakdown of the classes and hours, which encompass your HCA training class.

5. A fully equipped skills lab is a well-lighted area that contains supplies needed for students to learn and practice the skills required for the Prometric skills exam. Under the contract's Statement of Work for Core Basic 2. (e) (3), your program is required to have supplies for training including a mannequin. Therefore, please confirm that you have available both training supplies **and** an anatomically correct health care mannequin for the practice of skills required for a person for practice.

a. Do you have a health care mannequin?  Yes  No

b. Do you have access to a fully equipped skills lab?  Yes  No

6. Please provide the address of your skills training lab.

7. If you **do** have access to a fully equipped skills lab, how many hours of skills practice are you teaching your HCA students?

0 – 6 hours

6 – 10 hours

11 – 15 hours

16 or more hours

8. If you **do not** have access to a fully equipped skills lab training site, how and where are you conducting skills training? Please be specific.

9. If you **do not** have access to a fully equipped skills lab, how many hours of skills practice are you teaching your HCA students?

0 – 6 hours

6 – 10 hours

11 – 15 hours

16 or more hours

10. Do you provide training in languages other than English?  Yes  No

If yes, which language(s) are you or your instructors able to provide training in?

11. During the onsite visit, what is most important for you to talk to us about?

Send self-assessment and all corresponding documentation to [TPQA@dshs.wa.gov](mailto:TPQA@dshs.wa.gov).