

HealthPro Staffing Solutions

Allied Self-Assessment Check List

RPT
 OTR
 SLP
 COTA
 PTA
 RT

Name: _____

Date : _____

A. Not Confident
 B. Request More Training
 C. Confident

Skill	A	B	C
Geriatric			
Pediatric			
Hand			
Brain Trauma			
Cardiac			
Stroke			
Fine Motor Skills			
Ortho			
Knee			
Hip			
Back			
Postural			
Feeding			
Hosp			
Manual			
School			
Sub			