

Self-Assessment Age Specific Criteria

Name: _____ Date: _____

Please check the box that most accurately describes your proficiency level in each category.

Key:

1. No Training or Experience
2. Some Experience or Classroom Training- No Experience
3. Performs Proficiently and Independently

CRITERIA	INFANT/ NEONATE BIRTH TO 1 YEAR			PEDIATRIC 1-11 YEARS			ADOLESCENT 12-17 YEARS			ADULT 18-65 YEARS			GERIATRIC OVER 65 YEARS		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Applies growth and development criteria to nursing care															
Is familiar with normal ranges of vital signs for patients of all ages.															
Is familiar with standards of care for all ages based on psychosocial needs															
Includes patient's family in patient education and discharge planning.															
Completes assessment and develops plan of care that is age appropriate															
Assesses specific nutrition and elimination of patient															
Uses teaching methods that are age appropriate.															
Demonstrates communication skills that are age appropriate.															
Demonstrates safety measures that are age appropriate.															

Employee Signature: _____ Title: _____