



Community Instructor Self-Assessment for Contract Renewal and/or for Newly Established Contracts

For use by instructors who do NOT teach Core Basic.

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. Attach additional pages as needed.

1. 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.
2. Please provide a copy of your Home Care Aide (HCA) class schedule for this month and the **next** three (3) months. Include all classes you are contracted to teach, specific dates, times, 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. .
3. 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 over the past year. If your contract is less than one year old, indicate the number of certificates issued since becoming a contracted Community Instructor.

NAME OF CLASS	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"/>	\$	
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"/>	\$	
Other, please indicate:	<input type="checkbox"/>	\$	
Total number of students issued certificates in all classes:			

Send self-assessment and all corresponding documentation to TPQA@dshs.wa.gov.

4. Where do you provide in person class instruction? Please be specific, address, location. If you do not rent or own space to provide Home Care Aide Training, where and how are you providing training?

5. 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?

6. Describe how you demonstrate effective presentation skills while training.

7. What interactive learning techniques are you using to engage learners while training?

8. How do you model cultural competence in your classes? For example how do you:

- interact professionally and responsively with all learners?
- provide learners opportunities to collaborate with others?
- respect individual differences?

9. How do you facilitate student engagement?

10. How do you maintain an environment conducive to learning?

11. What accommodations can you or have you provided for learners?

12. What are your unmet training needs and how can we offer support?

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