

Continuing Competency Program • Peer/Colleague/Co-worker Feedback Form

Peer/Colleague/Co-worker: _____ Job Title: _____

Occupational Therapist: _____ Area of Practice: _____

Dear Peer/Colleague:

I am in the process of conducting my Self-Assessment to ensure I am competent in fulfilling my role and responsibilities. I would benefit from your feedback. Please complete and return this form to me within the next two weeks. Your participation is completely voluntary. Your feedback is much appreciated. Thank You!

<p>Please rate my performance on each of the statements below using the scale from 1-5 (1=Unacceptable and 5= Excellent). Please mark "Unable to Assess –UA for any items not relevant to you, or you are unable to access,</p> <p>Please place a check mark <input checked="" type="checkbox"/> under the appropriate rating.</p>	5 - Excellent	4 - Very Good	3 - Good	2 – Weak	1- Unacceptable	UA- Unable to Assess
1. Uses language and communication styles appropriate to the audience (e.g. clients, families, students, colleagues, etc)	<input type="checkbox"/>					
2. Gives and receives constructive feedback effectively	<input type="checkbox"/>					
3. Demonstrates respect for the time of others	<input type="checkbox"/>					
4. Determines the appropriateness for occupational therapy service(s)	<input type="checkbox"/>					
5. Performs appropriate interventions/ recommendations in a timely and effective manner	<input type="checkbox"/>					
6. Maintains documentation according to professional/ setting standard	<input type="checkbox"/>					
7. Demonstrates a client-centered approach in the delivery of services	<input type="checkbox"/>					
8. Ensures confidentiality of client’s information	<input type="checkbox"/>					
9. Respects the dignity and privacy of clients and their families/caregivers	<input type="checkbox"/>					
10. Collaborates effectiveness with peers, colleagues and co-workers	<input type="checkbox"/>					
11. Follows through with responsibility (e.g. treatment/ intervention plans) in a timely manner	<input type="checkbox"/>					
12. Respects the rights of clients, families/caregivers	<input type="checkbox"/>					

<p>Please rate my performance on each of the statements below using the scale from 1-5 (1=Unacceptable and 5= Excellent). Please mark "Unable to Assess –UA for any items not relevant to you, or you are unable to access,</p> <p>Please place a check mark <input checked="" type="checkbox"/> under the appropriate rating.</p>	5 - Excellent	4 - Very Good	3 - Good	2 – Weak	1- Unacceptable	UA- Unable to Assess
13. Engages in professional development activities	<input type="checkbox"/>					
14. Accepts responsibility for professional actions and decisions	<input type="checkbox"/>					
15. Manages resources effectively	<input type="checkbox"/>					
16. Manages his/her own stress effectively in the workplace	<input type="checkbox"/>					
17. Demonstrates good awareness of own limitations	<input type="checkbox"/>					
18. Regularly evaluates his/her own services	<input type="checkbox"/>					
19. Participates effectively as a member of the team	<input type="checkbox"/>					
20. Shows empathy for clients and their families/caregivers	<input type="checkbox"/>					
21. Shows empathy for peers/co-workers/colleagues	<input type="checkbox"/>					
22. Demonstrates sensitivity to diversity and culture (clients, families, colleagues)	<input type="checkbox"/>					
23. Handles emergency situations safely and effectively	<input type="checkbox"/>					
24. Demonstrates safe practices with clients and families/caregivers	<input type="checkbox"/>					
25. Demonstrates safe practices with self and co-workers	<input type="checkbox"/>					
26. Interacts with clients and families/caregivers in a non-judgmental way	<input type="checkbox"/>					
27. Demonstrates professional and ethical behaviours towards co-worker	<input type="checkbox"/>					
28. Respects the professional knowledge and skills of co-workers	<input type="checkbox"/>					
29. Gains the respects and admiration of colleagues	<input type="checkbox"/>					

Additional Comments

Please identify/describe any other aspect of my practice that I do well.
An example would be helpful.

Please identify/describe an aspect of my practice I can improve.

Thank You

Signature: _____ **Date:** _____
Peer/Colleague/Co-worker