

## Skills Observation Checklist Dysphagia Diet

**Purpose:** This checklist is used to directly observe skills involved with providing a dysphagia diet. This will help ensure the safety of the individual receiving the diet and identify areas where re-training may be necessary.

**Directions:** The person completing the observation checklist will observe staff supporting and/or feeding the individual for a minimum of 15 minutes. Check marks will be placed when the staff person has demonstrated competency in each particular skill. Any skill level not met will require re-training before the staff person can provide mealtime supports again.

The following skills were observed by \_\_\_\_\_ on \_\_\_\_\_  
(Name, Title) (Date)  
for staff person \_\_\_\_\_ for individual \_\_\_\_\_  
(Name, Position) (Name)

- ☐ Prior to observation, the staff person was able to verbalize the individual's specific diet and/or food/liquid modifications and provide the reason for the diet and/or food/liquid modifications.

### Feeding Plan Skills:

- ☐ Demonstrates proper solid food preparation technique for \_\_\_\_\_ texture/consistency food.
- ☐ Demonstrates proper liquid preparation technique for \_\_\_\_\_ consistency liquids.
- ☐ Uses proper adaptive equipment as prescribed: List equipment or not applicable:  
\_\_\_\_\_
- ☐ Follows any specific food to liquid cyclical pattern prescribed: List pattern or not applicable:  
\_\_\_\_\_
- ☐ Follows nutritional guidelines/diet order: List prescribed diet:  
\_\_\_\_\_
- ☐ Ensures proper positioning with meal: Describe position:  
\_\_\_\_\_
- ☐ Provides supervision as prescribed: List recommended supervision level:  
\_\_\_\_\_
- ☐ Follows feeding plan as written and demonstrates proper feeding technique (*observe staff supporting and/or feeding the individual for a minimum of 15 minutes*).
- ☐ Encourages proper positioning after meal.
- ☐ Identifies and completes any required documentation.
- ☐ Identifies several signs and symptoms of dysphagia and agency protocol of who to notify if concerns are observed.

Retraining Needed? \_\_\_\_ Yes \_\_\_\_ No  
(Any skill level not met requires retraining)

**OVER**

Skill	Retraining Date	Trainer Signature	Date Observed