

Preventing Abuse, Neglect, and Exploitation (PANE) Competency Assessment

An evaluator conducting the Preventing Abuse, Neglect, and Exploitation (PANE) Competency Assessment must be a trained and experienced supervisor, trainer, or person with a similar leadership position within the agency.

Evaluator Instructions

- Conduct the assessment with the employee after that employee has successfully completed the five Preventing Abuse, Neglect, and Exploitation training modules through the College of Direct Support.
- Use this document to verify that a discussion took place and the employee demonstrated an understanding of each item. Use the accompanying PANE Competency Assessment: A Guide for Evaluators to facilitate the discussion, determine employee understanding, and reinforce each of the concepts described in the answer key.

Agencies must maintain this completed and signed document in their files.

Employee Name: _____

Competency Assessment Question	Does Employee Demonstrate Competency?	
	YES	NO
1. What is abuse, and what are some examples and signs?	<input type="checkbox"/>	<input type="checkbox"/>
2. What is neglect, and what are some examples and signs?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is exploitation, and what are some examples and signs?	<input type="checkbox"/>	<input type="checkbox"/>
4. What steps should you take if you see or suspect that abuse, neglect, or exploitation is occurring?	<input type="checkbox"/>	<input type="checkbox"/>
5. Describe your role in the investigation process.	<input type="checkbox"/>	<input type="checkbox"/>
Case Study 1	<input type="checkbox"/>	<input type="checkbox"/>
Case Study 2	<input type="checkbox"/>	<input type="checkbox"/>

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Competency Assessment

Attestation and Signature

Check one:

- The employee ***did not*** demonstrate understanding of the topics presented; further training is recommended.
- The employee demonstrated an understanding of the topics presented and relevant agency policy.

Date assessment was completed: _____

Employee Attestation

By signing this, I attest that I was trained on the above topics and agree to abide by agency policy. I am aware that if there are any questions or concerns regarding abuse, neglect, and exploitation policies or practices I should contact my supervisor or authorized agency personnel.

Employee Name: _____

Employee Signature: _____

Date: _____

Evaluator Signature

Evaluator Name: _____

Evaluator Signature: _____

Date: _____