Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit III Infection Control								
Objectives	Skill Taught Date	Skill Performance Date						
		Lab	Instructor Initials	Clinical	Instructor Initials			
Demonstrate proper handwashing technique.								
Demonstrate proper donning and removing technique for personal protective equipment.								
Instructor Comments:								

Unit IV Safe	ety Measures	;			
Objectives	Skill Taught Date	Skill Performance Date			te
		Lab	Instructor Initials	Clinical	Instructor Initials
Demonstrate the procedure for dealing with an obstructed airway.					
Demonstrate the use of good body mechanics.					
Demonstrate the correct way to assist a falling resident.					
Demonstrate CPR, including the use of an AED, on an adult manikin (not required by regulation).					
Instructor Comments:	1				1

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit V	II Basic Skills				
Objectives	Skill Taught Date		Skill Performance Da		
		Lab	Instructor Initials	Clinical	Instructor Initials
Demonstrate how to make a closed bed.					
Demonstrate how to make an open bed.					
Demonstrate how to make an occupied bed.					
Demonstrate how to measure, record, and report temperature.					
Demonstrate how to count and record radial pulse.					
Demonstrate how to measure and record blood pressure.					
Demonstrate how to count and record respirations.					
Demonstrate how to measure and record height of a resident.					
Demonstrate how to measure and record weight of ambulatory resident.					
Measure and record fluid intake.					
Demonstrate accurate measurement and recording of fluid intake.					
Demonstrate accurate measurement and recording of food intake.					
Instructor Comments:					

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit VIII Pers	onal Care Skil	ls					
Objectives	Skill Taught Date		Skill Performance Date Instructor Initials				
		Lab	Instructor Initials	Clinical	Instructor Initials		
Demonstrate how to give a shower.							
Demonstrate how to give a tub bath.							
Demonstrate how to give a partial bed bath.							
Demonstrate how to give a complete bed bath.							
Demonstrate how to give modified bed bath.							
Demonstrate how to provide mouth care.							
Demonstrate how to provide mouth care for an edentulous resident.							
Demonstrate how to provide denture care.							
Demonstrate how to provide hair care.							
Demonstrate how to shave a resident.							
Demonstrate how to provide fingernail care.							
Demonstrate how to provide foot care.							
Demonstrate how to dress resident with affect (weak) right arm.							
Demonstrate how to provide perineal care.							
Demonstrate how to provide catheter care.							
Demonstrate how to empty a urinary drainage bag.							
Accurately document urinary output.							

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit VIII Perso	onal Care Skill	s			
Objectives	Skill Taught Date		Skill Perforn	nance Da	te
		Lab	Instructor Initials	Clinical	Instructor Initials
Demonstrate how to help a resident use a bedpan.					
Demonstrate how to serve resident trays.					
Demonstrate how to feed a resident who cannot feed self.					
Accurately document food and fluid intake.					
Demonstrate how to perform a back massage.					
Demonstrate the various positions for the resident in bed.					
Demonstrate how to raise a resident's head and shoulders.					
Demonstrate how to move a resident up in bed.					
Demonstrate how to position resident on side.					
Demonstrate how to transfer resident from bed to wheelchair using a transfer belt.					
Demonstrate how to transfer resident from bed to wheelchair using a mechanical lift.					
Demonstrate how to ambulate resident using transfer/gait belt.					
Instructor Comments:		,	·		

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit XI Basic Re	storative Service	es				
Objectives	Skill Taught Date		Skill Performance Date			
		Lab	Instructor Initials	Clinical	Instructor Initials	
Demonstrate how to assist the resident to ambulate with assistive devices.						
Demonstrate passive range of motion (PROM) to the lower extremity.						
Demonstrate passive range of motion (PROM) to the upper extremity.						
Demonstrate positioning a resident on his side.						
Demonstrate positioning a resident in a chair.						
Demonstrate correct application of elastic stockings.						
Instructor Comments:						

Unit XII Respiratory System, Cardio Care of the Resident				and	
Objectives	Skill Taught	Skill Performance Date			ate
	Date				
		Lab	Instructor Initials	Clinical	Instructor Initials
Demonstrate proper procedure for postmortem care.					
Instructor Comments:					

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Instructor Initials	Instructor name (printed)	Instructor Signature
I acknowledge I have 18VAC90-26-50(A)(1	e received a copy of the Skills Performance Reco	ord as required pursuant to

I acknowledge I have received a copy of the Skills Performance Record as required pursuant to 18VAC90-26-50(A)(1).		
Student Signature		

I acknowledge I have received a certificate of completion as required pursuant to 18VAC90-26-50(A)(1).		
Student Name (printed)	Student Signature	
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Date		