

## Score Sheet for Restorative Nurse Assistant

Student Name:	Social Security Number: _____ Date of Birth: _____
Exam Site:	Date started: _____ Date completed: _____
Final exam date:	Total Hours: Classroom _____ Clinical _____
<b>* Evaluation of procedures includes: knowledge, safety, encouraged self-help, work habits, student-resident interaction, organization, resident's rights.</b>	
1. Infection control.	<b>Pass/Fail</b>
2. Draping of resident for treatment procedures. (two examples)	
3. Transfer techniques. (two examples)	
4. Ambulation activities. (two examples)	
5. Range of motion exercises. (two examples)	
6. Use of self-help Aids.	

No. of written questions on exam \_\_\_\_\_

Written Score \_\_\_\_\_ %

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

\_\_\_\_\_  
R.N. Instructor/Examiner

Written Exam:

1st Attempt  2nd Attempt

\_\_\_\_\_  
Administrator/Director of Adult Ed

\* Other procedures may be determined by resident's needs. All procedures must be evaluated.  
Comments may be included on the back of sheet if necessary.

MAIL TO: MISSOURI ASSOCIATION OF NURSING HOME ADMINISTRATORS  
4100 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109  
PHONE: (573) 634-5345 FAX: (573) 634-8590