

Score Sheet for Feeding Assistant

Student Name: _____ Address: _____	Social Security Number: _____ Date of Birth: _____			
Date Started: _____	Date Completed: _____			
Total Classroom Hours: _____	Total Clinical Hours: _____			
	Classroom Hours		Clinical Hours	
Classroom Course	Date of Class	Number of Hours	Date of O-J-T	Number of Hours
Unit IV: Food Service Lesson Plan I: Nutrition Lesson Plan II: Serving, Feeding, and Monitoring Lesson Plan III: Observing, Measure, & Record Fluid Intake & Output				
Unit I: The Nurse Assistant (Communication & Interpersonal Skills) Lesson Plan XI: Communication Skills				
Unit II: Understanding the Elderly Lesson Plan I and II: Needs and Behaviors of Residents				
Unit III: Safety-Infection Control Lesson Plan III: Infection Control Lesson Plan IV: Transmission Based Precautions				
Unit I: The Nurse Assistant (Resident Rights) Lesson Plan IV: Ethical and Legal Responsibilities-Resident Rights				
Unit I: The Nurse Assistant (Recognizing changes in residents that are inconsistent with their normal behavior & importance in reporting changes to the supervisory nurse) Lesson Plan V: Human Anatomy and Physiology Lesson Plan VI: Observing and Reporting				

Cheryl S. Parsons RN/NA

Approval Date: _____

RN Instructor _____

Administrator: _____

MAIL TO: MISSOURI ASSOCIATION OF NURSING HOMEADMINISTRATORS
915 Southwest Blvd Ste J JEFFERSON CITY, MO 65109 PHONE: (573)
634-5345 FAX: (573) 634-8590