

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 _____
* Evaluation of procedures includes: knowledge, safety, encouraged self-help, work habits, student-resident interaction, organization, resident's rights.	
1. Infection control.	Pass/Fail
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: _____

Cheyl S. Parsons, RN, CNHA

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.