

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.	Pass/Fail
1. Infection control.	
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 LEAGUE OF NURSING HOME ADMINISTRATORS
915 SOUTHWEST BLVD STE J, JEFFERSON CITY, MO 65109
PHONE: (573) 634-5345 FAX: (573) 634-8590

**Restorative Nurse Assistant
Record of Clinical Supervision**

Name of student _____
(Last) (First) (Middle) (Maiden)

Permanent Address _____

Date of Birth _____ Soc. Sec. No. _____

Training Site _____

Date started _____ Date completed _____

OJT started _____ OJT completed _____

Written exam score _____ %

R.N. Instructor _____
(Signature(s))

Supervisor Licensed Therapist(s) Signature(s):

<input type="checkbox"/> 1 _____	<input type="checkbox"/> 2 _____
<input type="checkbox"/> 3 _____	<input type="checkbox"/> 4 _____

Examiner: _____
(Signature)

Additional comments:

MAIL TO: MISSOURI ASSOCIATION OF NURSING HOME ADMINISTRATORS
915 Southwest Blvd Ste J, Jefferson City, MO
65109 Phone (573) 634-5345 Fax (573)
634-8590

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