

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: _____

Cheryl Parsons RNLNHA

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 Cheryl S. Parsons, RN, LVNA
(Signature(s))

Supervisor Licensed Therapist(s) Signature(s):

☐ 1

☐ 2

☐ 3

☐ 4

Examiner: _____
(Signature)

Additional comments:

[illegible]