

Student's Name	CLASSROOM /LAB		CLINICAL COMP.	
	Practice Date	Initial	Date Observed	Initial
Program's Name				
<b>MOBILITY/AMBULATION:</b>				
<b>One person *</b>				
Use of cane				
Use of walker				
<b>Application of gait belt *</b>				
<b>Proper use of wheelchair *</b>				
<b>BEDMAKING:</b>				
Occupied/unoccupied				
<b>BODY MECHANICS:</b>				
<b>Student/Caregiver *</b>				
<b>COMMUNICATION:</b>				
<b>With verbal resident(s) *</b>				
<b>With non-verbal resident(s) *</b>				
<b>With resident(s) with cognitive impairments *</b>				
<b>With resident(s) with sensory loss(es) *</b>				
<b>Reporting any observed changes in residents to the appropriate personnel *</b>				
<b>INFECTION CONTROL:</b>				
<b>Application/removal of gloves *</b>				
<b>Handling soiled items *</b>				
<b>Handwashing *</b>				
Application of personal protective equipment				
<b>Proper documentation on flowsheets *</b>				
<b>NUTRITION:</b>				
<b>I &amp; O documentation *</b>				
<b>Serving food/beverages *</b>				
<b>Feeding *</b>				
<b>CATHETER CARE:</b>				
Cleaning tubing				

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<b>SUPPORTIVE:</b>				
ROM-active				
<b>ROM-passive *</b>				
<b>Alignment in bed *</b>				
<b>Alignment in chair *</b>				
<b>Position pillows *</b>				
Support splints				
<b>Turning/repositioning *</b>				
Skin protectors				
Support hose				
<b>TRANSFERS:</b>				
Chair to commode				
Bed to wheelchair				
<b>One person *</b>				
<b>Two person *</b>				
Mechanical lift				
<b>TOILETING:</b>				
Assisting with toileting				
Urinal				
Bed pan				
Adult briefs				
Collection of urine specimen				
<b>VITAL SIGNS/MEASUREMENTS:</b>				
<b>Temperature oral/tympanic *</b>				
Temperature rectal				
<b>Blood pressure *</b>				
<b>Radial pulse *</b>				
<b>Respirations *</b>				
<b>Weight *</b>				
Height				

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<b>PERSONAL CARE:</b>				
<b>Bath – complete *</b>				
Backrub				
Lotion to body areas				
<b>Peri-care *</b>				
<b>Nail care *</b>				
<b>Dressing *</b>				
<b>Undressing *</b>				
<b>Hair care *</b>				
Eye glasses				
Hearing aid				
Shave				
Shampoo				
<b>ORAL CARE:</b>				
<b>Brushing teeth *</b>				
<b>Denture care *</b>				
<b>Use of swab *</b>				
<b>SAFETY:</b>				
<b>Use of call bell *</b>				
Use of side rails				
Heimlich maneuver				
<b>Privacy Curtain *</b>				

\* INDICATES MANDATORY SKILL IN CLINICAL SETTING

