

Score Sheet for Restorative Nurse Assistant Examination

Student Name:	Social Security Number:
Nursing Facility:	Final Exam Date:
Total Classroom Hours:	Total Clinical Hours:
* Evaluation of procedures includes: knowledge, safety, encouraged self-help, work habits, student-resident interaction, organization, resident's rights	PASS/FAIL:
1. Draping the resident for treatment/procedures (2 Examples)	
2. Range of Motion exercises (2 Examples)	
3. Transfer techniques (2 Examples)	
4. Ambulation activities (2 Examples)	
5.	
6.	

Oral or written score:

Approved: _____ Not Approved: _____

Final Oral or Written Exam:

1st Attempt 2nd Attempt 3rd Attempt

Comments: *(use the back of sheet if necessary)*

SIGNATURES:

R.N. Examiner

R.N. Instructor

Administrator or D.O.N.