

Evaluation Sheet for Dining Assistant

Missouri Health Care Association
 236 Metro Drive
 Jefferson City, MO 65109

Phone Number: (573) 893-2060
 Fax Number: (573) 893-5248

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|---|-----------------------------------|-----------------------------------|
| Student Name: | Social Security Number: | |
| Nursing Facility: | Begin Date: | |
| Total Classroom Hours: | Total Practicum Hours: | |
| Classroom Course: | Number of Classroom Hours: | Number of Practicum Hours: |
| Unit IV: Food Service | | |
| Unit I: The Nurse Assistant (Communication & Interpersonal Skills) | | |
| Unit II: Understanding the Elderly | | |
| Unit III: Safety-Infection Control | | |
| Unit I: The Nurse Assistant (Resident Rights) | | |
| Unit I: The Nurse Assistant (Recognizing changes in residents that are inconsistent with their normal behavior & importance in reporting that to the supervisor) | | |

Approved: _____
Date

Signatures:

 RN Instructor

 Administrator

Comments:
