

**HOME HEALTH AIDE (HHA) TRAINING PROGRAM**  
**For: CERTIFIED NURSE AIDE (CNA) to HHA TRANSITION PROGRAM**

**SKILLS PERFORMANCE RECORD EVALUATION - BPSS REGULATED SCHOOLS**

STUDENT NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ BPSS Teacher License \_\_\_\_\_

DATES of HHA CLASSROOM TRAINING: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

DATES of 8 HR. INTERNSHIP: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

NAME AND ADDRESS OF INTERNSHIP: \_\_\_\_\_

In a CNA to HHA transition program, a student must demonstrate proficiency in two skills - from Units C and D of the CNA checklist - which includes items 35-38 below. Choose any 2 of the 4 skills from items 35-38. A student must also demonstrate all five skills from the CNA training (Module XII, Unit E) which includes items 39-43 below. These skills should be demonstrated in the lab at the school. In the second part of the training program, a student must demonstrate proficiency in 18 mandated skills, which are numbered 1-18 on the next page. Students may demonstrate these skills in the lab or at the internship site. Test performance for the theory portion of the program must also be recorded. The Units of study can be found on at the bottom of pages 1 and 2. Please note that the original of this skills checklist must be completed and filed with the student's records, with a copy also provided to the student.

**UNIT XII CLINICAL SKILLS EVALUATION CHECKLIST**

Clinical Skill	Date Demo. by Instructor	Instructor Initials	Date Successful Demo. by Student	Instructor Initials	Comments
35. Handling the Infant					
36. Infant Bath					
37. Assist w/ use of hydraulic lift					
38. Slide Board Transfer					
39. Checking the Right Person					
40. Checking the Right Medication					
41. Checking the Right Dose					
42. Checking the Right Time					
43. Checking the Right Route					
Knowledge Unit Tests (must be kept in the student folder). Several short tests may be given at the same time.	Date	Instructor Initials	Pass Or Fail?	If first failed, date of successful performance evaluation for unit	Instructor Initials
Unit I: Introduction to Home Care					
Unit II: This covered in CNA training					
Unit III: Working with the Elderly					
Unit IV: Working with Children					
Unit V: Working w/People who are Mentally Ill					
Unit VI: Working with People w/ Develop. Disabilities					
Unit VII: Working w/ People w/ Physical Disabilities					
Unit VIII: Food, Nutrition & Meal Preparation					
Unit IX: Family Spending & Budgeting					
Unit X: Care of the Home & Personal Belongings					
Unit XI: Safety & Injury Prevention					
Unit XII: Personal Care Skills					

## HEALTH-RELATED SKILLS PERFORMANCE RECORD EVALUATION

Clinical Skill	Date Initially Demo. by Instructor	Inst. Initials	Date <u>Successfully</u> Demo. By Trainee	Instructor Initials	Demonstrated in lab or internship
(1) A-1. Proper Hand washing*					
(2) B-1 Cleaning a glass thermometer*					
(3) B-2 Measuring an oral temp. with glass thermometer*					
(4) B-8 Measuring the pulse and respirations*					
(5) B-9 Measuring blood pressure*					
(6) D-1 Transfer to a sitting position*					
(7) D-2 Helping client to sit at side of bed*					
(8) D-3 Helping a client to stand*					
(9) D-4 Assisting with passive range of motion exercises*					
(10) D-5 Assisting with postural drainage*					
(11) E-9 Assisting with use of oxygen concentrator*					
(12) E-10 Assisting with use of oxygen tank and liquid oxygen reservoir*					
(13) E-11 Assisting with use of medication nebulizer and air compressor*					
(14) F-1 Positioning on the back*					
(15) F-2 Positioning on the side*					
(16) G-1 Assisting with changing a clean dressing*					
(17) H-1 Assisting with changing an ileostomy or colostomy pouch*					
(18) H-5 Assisting with routine tracheotomy care*					

Knowledge Performance Evaluations (Tests should be kept in student folder.)	Date	Instructor Initials	Pass Or Fail?	If first failed, Date of successful evaluation for the unit	Instructor Initials
Unit A: Orientation to Health Oriented Tasks					
Unit B: Performing Simple Measurements & Tests					
Unit C: Complex Modified Diets					
Unit D: Assisting w/ Prescribed Exercise Program					
Unit E: Assisting w/ use of Prescribed Medical Equipment, Supplies & Devices					
Unit F: Assist. w/ Special Skin Care					
Unit G: Assist. w/ a Dressing Change					
Unit H: Assisting w/ Ostomy Care					

NOTES/COMMENTS:

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We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Certified Nurse Aide transitioning to Home Health Aide has successfully demonstrated all indicated skills, and has done the required 8 hours of internship at the place and date(s) listed above. A copy of this completed evaluation checklist has been provided to the Home Health Aide.

1. Signature and Name of HHA Training Program Director:

\_\_\_\_\_ Date \_\_\_\_\_

2. Signature of HHA Instructor: \_\_\_\_\_ Date \_\_\_\_\_

3. Signature, Name and license numbers of licensed teacher supervising the Internship, if different from classroom instructor:

\_\_\_\_\_ Date \_\_\_\_\_

Name (Printed): \_\_\_\_\_ BPSS teacher license: \_\_\_\_\_

4. Signature of HHA Trainee: \_\_\_\_\_ Date \_\_\_\_\_