

**HOME HEALTH AIDE TRAINING PROGRAM  
HEALTH-RELATED SKILLS PERFORMANCE RECORD EVALUATION  
For BPSS-Regulated Schools, PCA to HHA Upgrade**

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

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

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

DATE OF HHA CLASSROOM TRAINING: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF 8 HR. INTERNSHIP: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

PLACE OF INTERNSHIP: \_\_\_\_\_

The skills below are tested during the Health-Related part of Home Health Aide training. Students in a PCA to HHA Upgrade only use this checklist. The correct performance of these 18 skills is mandated by the Department of Health. Students can demonstrate some skills in the lab instead of the internship. The original must be filed with the student's records, and a copy given to the student.

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

Knowledge Performance	Date	Instructor	Pass	If first failed,	Instructor
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Evaluations		Initials	Or Fail?	Date of pass	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 Personal Care Aide upgrading 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 \_\_\_\_\_