

PERFORMANCE CHECKLIST

Name _____

Serving Supplementary Nourishment

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.

Equipment: Nourishments, napkins, utensils

- _____ 1. Receive directions from supervisor regarding individuals with special dietary needs.
- _____ 2. Wash hands.
- _____ 3. Assemble supplies.
- _____ 4. Allow each resident to choose from available nourishments.
- _____ 5. Place nourishment, napkin and utensils within reach.
- _____ 6. Provide assistance as needed.
- _____ 7. Remove glasses and dishes after use. Do not touch rim of glass.
- _____ 8. Repeat steps 4-7 for each resident.
- _____ 9. Record on intake/output record if required.
- _____ 10. Return used equipment to kitchen to be washed.
- _____ 11. Wash hands.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency.

2005