

Employer: Please initial all skills in which the student has demonstrated proficiency:

Initials	Skill
	Handwashing
	Ambulation with walker
	Offering a bedpan and recording output
	Dressing resident/patient
	Hair care
	Making an unoccupied bed
	Nail care
	Passing fresh water
	Positioning a dependant patient
	Transfer from bed to wheelchair - optional gait belt
	Vital signs - temperature, pulse, and respiration
	Blood pressure
	Back rub
	Shaving

Initials	Skill
	Ambulation with and without use of gait belt
	Applying antiembolitic stockings
	Denture care
	Feeding the dependent resident/patient
	Making an occupied bed
	Mouth care
	Partial bed bath-face, arm, hand and underarm
	Perineal care for a female
	Range of motion to upper and lower extremities, involving flexion, extension, abduction, and adduction
	Vest restraint in bed
	Weighing an ambulatory patient
	Personal protective equipment
	Hydraulic lift transfer
	Infection control precautions

Any additional comments by employer:

EMPLOYERS

Please mail form to:

**Pat Schrull
Lorain County Community College, HS 223
1005 Abbe Road North
Elyria, Oh 44035
440-366-7209**

Or fax form to:

**440-366-4116
Attention: Pat Schrull**

For Divisional Use Only:

_____ Approved Date: _____

_____ Not approved due to: _____

Approval by: _____