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## Evaluation Check list

The Select 22 performance skills have been identified through the federal legislation that gives guidance to the RI Nursing Assistant Competency Evaluation.  
Practice each skill, once completed check off. And apply the date.

- |                                                                |                                     |          |
|----------------------------------------------------------------|-------------------------------------|----------|
| ×1. Hand Hygiene (Washing Hands)                               | <input checked="" type="checkbox"/> | 01/16/25 |
| ×2. Applies One Knee-High Elastic Stocking                     | <input checked="" type="checkbox"/> | 01/15/25 |
| ×3. Assists to Ambulate Using Transfer Belt                    | <input checked="" type="checkbox"/> | 01/23/25 |
| -4. <u>Assists with Use of Bed Pan</u>                         | <input checked="" type="checkbox"/> | 02/10/25 |
| ×5. Cleans upper or Lower Denture                              | <input checked="" type="checkbox"/> | 01/28/25 |
| *6. Count and Records Radial Pulse                             | <input checked="" type="checkbox"/> | 01/27/25 |
| +7. Count and Records Respirations                             | <input checked="" type="checkbox"/> | 01/27/25 |
| +8. Donning and removing PPE                                   | <input checked="" type="checkbox"/> | 01/16/25 |
| +9. Dresses Client with Affected Right Arm                     | <input checked="" type="checkbox"/> | 02/15/25 |
| +10. Feeds Client with Who Cannot Feed Self                    | <input checked="" type="checkbox"/> | 02/10/25 |
| +11. Gives Modified Bed Bath                                   | <input checked="" type="checkbox"/> | 02/17/25 |
| 12 NOT TESTED                                                  | <input checked="" type="checkbox"/> | 01/27/25 |
| +13. Measure and Record Urinary Output                         | <input type="checkbox"/>            | N/A      |
| +14. Measure and Record Weight                                 | <input type="checkbox"/>            |          |
| +15. Performs Modified Passive Range Motion (For Knee & Ankle) | <input checked="" type="checkbox"/> | 01/27/25 |
| +16. Performs Modified Passive Range Motion (For One Shoulder) | <input checked="" type="checkbox"/> | 01/16/25 |
| -17. Position On Side                                          | <input checked="" type="checkbox"/> | 01/16/25 |
| *18. Provide Catheter Care For Female                          | <input checked="" type="checkbox"/> | 01/21/25 |
| -19. <u>Provide Foot Care On One Foot</u>                      | <input checked="" type="checkbox"/> | 01/30/25 |
| -20. Provide Mouth Care                                        | <input checked="" type="checkbox"/> | 02/17/25 |
| -21. Provides Peri-Care For Female                             | <input checked="" type="checkbox"/> | 02/10/25 |
| -22. Transfers From Bed To Wheelchair                          | <input checked="" type="checkbox"/> | 01/30/25 |
| +23. Measure And Records Blood Pressure                        | <input checked="" type="checkbox"/> | 01/23/25 |
|                                                                | <input checked="" type="checkbox"/> | 02/15/25 |

**STUDENTS MUST SHOW COMPETENCE IN ALL 22 OF THESE PERFORMANCE SKILLS  
IN ORDER TO SUCCESSFULLY COMPLETE THE NURSING ASSISTANT TRAINING  
PROGRAM**

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