

## Learner Skills Checklist

Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Program Attendance Dates: \_\_\_\_\_

<b><u>UNIT III-RESTORATIVE CARE</u></b>								
<u>PROCEDURE</u>	PRE-CLINICAL				CLINICAL			
	THEORY	LAB PRACTICE	DEMO DATE	INSTRCT INITIALS	DEMO		DEMO DATE	INSTRUCTOR'S SIGNATURE
					S	U		
Verbal and physical measures to promote client independence and ADLs								
Identifying and assessing physical changes in the elderly client								
Identifying and assessing psychosocial changes in the elderly client								
Using the care plan and restorative goals								
Proper use of body mechanics								
Explaining restorative procedures to the client								
Safety in the use of restorative devices and techniques								
Standard precautions and hand washing								
Giving positive reinforcement to the client								
Use of restorative assistive equipment								

  

<b><u>UNIT IV-WOUND CARE</u></b>								
<u>PROCEDURE</u>	PRE-CLINICAL				CLINICAL			
	THEORY	LAB PRACTICE	DEMO DATE	INSTRCT INITIALS	DEMO		DEMO DATE	INSTRUCTOR'S SIGNATURE
					S	U		
Standard precautions/hand washing								
Stage I pressure ulcer care								
Stage II pressure ulcer dressing change								
Positioning to promote wound healing								
Measure Stage II pressure ulcer & document findings								

My signature below indicates that I have been given a copy of this completed checklist.

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Signature \_\_\_\_\_ Date \_\_\_\_\_