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| **Nursing Assistant Training Program Student Record** |
| **Program Name:**       |
| **Directions** |
| Use the program evaluation methods to complete the student record form as templated below. All components/criteria included in the evaluation methods should be reflected on this form.  |

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| **Student Information** |
| **Student Name:**  |       | **Dates Attended:**  |       |
| **Course Outcome:**  |  |

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| **Test Results** |
| **Test Date**  | **Test Number or Title** | **Grade Result** |
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| **Passing Criteria/Standards** |
| **Course Component**  | **Criteria/Standard** | **Met/Not Met** |
| **Class/Theory** |  |  |
| **Skills Lab** |  |  |
| **In-Facility Clinical** |  |  |
| **Overall** |  |  |

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| **Comments** |
| Use this section for comments. If applicable, explain failure, dismissal, or standards not met.  |

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| **Program Director Information** |
| **Program Director Name:** |       |
| **Program Director Signature:** |  | **Date:** |  |  |
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