

|  |
| --- |
|  |
| **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. |

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

|  |  |  |
| --- | --- | --- |
| **Test Results** | | |
| **Test Date** | **Test Number or Title** | **Grade Result** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Passing Criteria/Standards** | | |
| **Course Component** | **Criteria/Standard** | **Met/Not Met** |
| **Class/Theory** |  |  |
| **Skills Lab** |  |  |
| **In-Facility Clinical** |  |  |
| **Overall** |  |  |

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

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