



Sample Skills Checklist for Unlicensed Assistive Personnel (UAP) Training

Student: _____ Trained: _____ Instructor: _____

	Demo date	Return demo date	Date	<u>Supervision/Evaluation</u>			
				Date	Date	Date	Date
A. State name & purpose of procedure: _____							
B. Preparation for procedure <ul style="list-style-type: none"> • When done • Where done • Special instructions 							
C. Supplies <ul style="list-style-type: none"> • • • 							
D. Steps to the procedure <ol style="list-style-type: none"> 1. 2. 3. 4. 							
E. Able to state expected student Outcomes: _____							
F. Appropriate documentation							
G. Appropriate interaction with student							
H. Appropriate communication with school nurse							