



# DINING ASSISTANT TRAINING RECORD

State Form  
Indiana State Department of Health – Division of Long Term Care

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Curriculum: ISDH \_\_\_\_\_ AHCA \_\_\_\_\_ Both \_\_\_\_\_

Training Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CLASSROOM INSTRUCTION:

Lesson #		ISDH	Date	Time	Instructor
ISDH	AHCA				
1	NA	Health Care Delivery			
2	1	Role of Dining Assistant			
3	3	Feeding Techniques			
4	2	Regular and Special Diets			
5	8	Reporting Food and Fluid Intake			
6	2	Nutrition and Hydration			
7	9	Communication and Interpersonal Skills			
8	7	Infection Control			
9	6	Safety and Emergency Procedure			
10	10	Abuse, Neglect and Misappropriation of Property			
11	8	Recognizing and Reporting Changes			
12	4	Mental Health and Social Service Needs including how to respond to a Resident's Behavior			
13	10	Resident Rights and Independence			
<b>PROCEDURE</b>		<b>Topic</b>			
1		Hand Washing			
2		Gloves			
3		Fire			
4		Choking			
5		Assist to Eat			
6		Feeding			
<b>DATE COMPLETED:</b>					
<b>NUMBER OF HOURS:</b>					

## CLINICAL INSTRUCTION:

Observation/Supervision	Date	Time	Instructor
<b>DATE COMPLETED:</b>			
<b>NUMBER OF HOURS:</b>			

COURSE COMPLETION DATE: \_\_\_\_\_ TOTAL HOURS OF COURSE \_\_\_\_\_

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_