

**Paid Feeding Assistant Competency Checklist
Measuring Intake**

Employee's Name/Credentials: _____

To master this skill, the student must successfully complete all steps. Failure to perform any step results in failure of this skill. To be completed by instructor (licensed nurse) during observation of 100% unassisted performance of the procedure by the trainee.

Equipment: Consumption record and pen

Measuring Intake	Yes Able To Perform	No Needs to Improve	Comments
Identifies container measurements used in your facility.			
Identifies the amount of liquids consumed by the resident.			
Records the amount of liquids consumed by the resident on the consumption sheet or other record as per facility policy or instructed by nurse supervisor.			
Identifies the percentage of food eaten.			
Records the percentage of food eaten on the consumption sheet or other record as per facility policy or instructed by nurse supervisor.			

Score:

_____ Pass: Yes (all tasks performed satisfactorily)

_____ No (not all tasks performed satisfactorily)

Instructor Signature: _____ **Date:** _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

Employee Signature: _____ **Date:** _____