



RNA Online: Module 3 On-Site Skills Check

Employee's Name: _____ (PLEASE PRINT)

Date: _____

<u>Discussion/ Demonstration</u>	✓ Pass	✓ No Pass	Comments/Follow-Up Plan
Receptive Aphasia			
Expressive Aphasia			
Communication Boards			
Approaches with Dementia			
Posture in Feeding			
Signs of Aspiration			
Food Texture & Feeding Programs			
Adaptive Eating Aids			

Manager Signature: _____ Date: _____

Employee Signature: _____ Date: _____