

**ALBEMARLE COUNTY PUBLIC SCHOOLS**  
**Insulin Injection Training**

**Employee Name:**

**School:**

**Position:**

**PERFORMANCE CRITERIA**

**EVALUATOR'S INITIALS**

1. Describes situations when Insulin is necessary.
2. States appropriate storage & security of Insulin, syringes, & medical supplies.
3. States where student's care plan is located.
4. States the "5 rights" of medication administration (student, medication, dose, time, and route).
5. Accurately measures insulin dose.  
Practice with 2 units, 5 units, & 10 units.
6. Locates appropriate sites for insulin injection.
7. Demonstrates accurate injection technique.
8. States possible side effects of insulin.
9. States appropriate disposal of syringes and medical supplies.

Evaluator signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_