

**ORIENTATION CHECKLIST FOR SPECIALIZED HEALTH PROCEDURE**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Person Trained:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Initial date:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Initial date:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_ **for** \_\_\_\_\_

**date/initial**  
**Indicate N/A when nonapplicable**

	<b>Demo</b>	<b>Return</b>	<b>Observed</b>	<b>Observed</b>	<b>Observed</b>
<b>States Name and Purpose of Procedure</b>					
<b>Identifies Supplies</b>					
<b>Describes signs of problems</b>					
<b>Prepares</b>					
<b>Performs steps:</b>					
<b>Prevents problems</b>					
<b>Interacts with students supportively</b>					
<b>Clears/Cleans work area</b>					
<b>Documents procedure</b>					

**I (supervisor/trainer) trained the person designated as orientree in steps and skills listed above.**

\_\_\_\_\_  
**Signature/Title** **Date**

**I (orientee) understand all steps and skills performed above and will consistently perform them properly as trained. I understand that I am to call an RN or the student’s parent if I observe any problems or have any questions when I am to perform the procedure.**

\_\_\_\_\_  
**Signature/Title** **Date**