ALBEMARLE COUNTY PUBLIC SCHOOLS
Insulin Pen 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. Prepares pen by applying needle and priming the pen with 2 units.	
6. Accurately dials insulin dose.	
7. Locates appropriate sites for insulin injection.	
8. Demonstrates accurate injection technique.	
9. States appropriate disposal of needles and medical supplies.	
10. Documents insulin dose in student log.	

Evaluator's signature:_____ Date:_____

Employee signature:_____ Date:_____