



Health Science Skill Standards Checklist

Student Name	YA Student ID Number
YA Coordinator	YA Consortium
School District	High School Graduation Date
Certification Areas Completed: Required Skills - For EACH Pathway Check ✓ completed areas (p. 4)	Level One Requirements: <i>Students must complete ALL listed below</i> Check ✓ completed areas <ul style="list-style-type: none"> <input type="checkbox"/> Required Skills <input type="checkbox"/> Minimum of ONE Unit <input type="checkbox"/> Minimum of 2 semesters related instruction <input type="checkbox"/> Minimum of 450 work hours Level Two Requirements: <i>Students must complete ALL listed below</i> Check ✓ completed areas <ul style="list-style-type: none"> <input type="checkbox"/> Required Skills for EACH pathway <input type="checkbox"/> Minimum of TWO Units <input type="checkbox"/> Minimum of 4 semesters related instruction <input type="checkbox"/> Minimum of 900 work hours <i>* Unit can be completed two times for a Level Two as indicated on Unit Page</i>
<input type="checkbox"/> Core Skills	
<input type="checkbox"/> Safety & Security	
Therapeutic Services Pathway	
<input type="checkbox"/> Dental Assistant Unit (p. 5)	
<input type="checkbox"/> Medical Assistant Unit (p. 6)	
<input type="checkbox"/> Nursing Assistant Unit* (p. 7)	
<input type="checkbox"/> Pharmacy Technician Unit (p. 9)	
Health Informatics Pathway	
<input type="checkbox"/> Medical Office Unit (p. 10)	
Ambulatory/Support Services Pathway	
<input type="checkbox"/> Ambulatory/Support Services Unit* (p. 11)	
<u>CHOICES:</u> Dietary, Imaging, Laboratory, Optician/Optomety, Physical Therapy (PT)	

Total Hours Employed	Company Name	Telephone Number
		()
		()

Instructions for the Worksite Mentor(s) and Instructor(s)

The Skill Standards Checklist is a list of the competencies (tasks) to be achieved through mentoring and training at the worksite.

- The worksite mentor should rate each competency as the student acquires and demonstrates the skill **according to the performance standards criteria.**
- A competency may be revisited and the score raised as the student becomes more proficient at the worksite.
- The mentor and student should go over this checklist together on a regular basis to record progress and plan future steps to complete the required competencies.

I certify that this student has successfully completed the competencies required in my department. Circle your YA role, sign and print your name, and complete with the date signed and the department name.

SIGN this page IF you have been a mentor, trainer, or instructor of this student

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

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Department	Department
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Operational Program Notes for Skill Standards Checklist

1. Health Science Youth Apprenticeship Curriculum

- Definitions:
 - Competency- The worksite skill to be performed.
 - Performance Standards- HOW to assess skill performance as applicable to worksite.
 - Learning Objectives- Content knowledge recommended to learn these skills; may be taught by the employer, school district, and/or technical college.
 - Skill Standards Checklist- The documented list of competencies completed by the YA student.
 - **W/S**- Listed after a skill indicates that skill performance may be learned and assessed at the worksite OR in the classroom in a simulated setting. However, a simulated setting should ONLY be used IF there is no possibility of skill performance at the worksite.
- Performance Standards & Learning Objectives are located in the applicable Appendices of the **Program Guide for this Youth Apprenticeship**.

2. ALL Youth Apprentices **MUST** complete the Required Skills (Core Skills and Safety & Security) competencies for **EACH Pathway** they are enrolled in.

- The Required Skills competencies may be completed concurrently with the Technical Skills competencies.
- The Required Skills are common skills specific to all Health Science industry sub-sectors. These skills are *aligned with* the National Association of State Directors of Career & Technical Education (NASDCTEc) standards for Health Science and the Wisconsin Nurse Aide Candidate Handbook.

3. Youth Apprenticeship choices (depending on job placement)

- Worksites can be chosen from any number of health, clinical, or ambulatory care settings which can train the required skills.
- "Client" is used to refer to customers, residents, patients, and/or persons seeking services.
- Competencies have been reviewed by the Department of Workforce Development for Child Labor Laws. Contact the Department of Workforce Development's Equal Rights Division/Labor Standards Bureau at 608-266-6860 for questions regarding child labor laws. SEE Appendix A for special Child Labor Law considerations in this YA Program.
- Students will complete a **Minimum Rating** in the Required Skills and one pathway unit for a Level ONE Health Science YA and a **Minimum Rating** in the Required Skills and two pathway units for a Level TWO Health Science YA.
- The Nursing Assistant Unit may be completed two times for a Level TWO program IF additional competencies are mastered. The Ambulatory/Support Services Unit may be completed two times for a Level TWO program as long as the student is placed in a different service area.
- The Department of Workforce Development Occupational Certificate will indicate "Health Science" attained when the program is completed.

4. Competency Ratings

- Rate the student on the competencies regularly and revisit the competencies with the student periodically to offer the opportunity for an improved rating.
- Arrangements must be made to ensure that the student learns, practices, AND performs each competency **even if** that competency is not part of their regular job function.
- "Entry Level" criteria should be interpreted to mean "able to do the task satisfactorily."
- "Assist" in front of a skill indicates that the student should perform the skill *as indicated in the curriculum* "while assisting a worksite professional." Training should go beyond "observation only" for these skills. It will be up to the employer to determine the criticality of each specific task, training completed, and the actual level of supervision required. See curriculum details for requirements.

Required Skills

Required of ALL Health Science YA Students

Copy this page FOR EACH pathway to be completed

CORE SKILLS	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Apply academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Apply career knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply Health Science industry knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Act professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate customer service skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperate with others in a team setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Think critically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exhibit regulatory & ethical responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use resources wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use basic technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY & SECURITY	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Follow personal safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintain a safe work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrate professional role to be used in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Follow security procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maintain confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale:

3 = Exceeds entry level criteria/Requires minimal supervision/Consistently displays this behavior

2 = Meets entry level criteria/Requires some supervision/Often displays this behavior

1 = Needs improvement/Requires much assistance & supervision/Rarely displays behavior

Additional Comments -

Therapeutic Services Pathway

Students **are required** to earn CNA certification through a DHFS approved CNA program with DHFS approved instructors.

CNA Registry Number:

Clinical Setting:

Level One (one year program) = Required Skills + 8 Additional Skills

Level Two (two year program) = Required Skills + 16 Additional Skills

Nursing Assistant Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
Required Skills			
1. Use Standard Precautions & Infection Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean room & change unoccupied bed linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Follow care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Report client changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Position client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ambulate client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Measure temperature, pulse, respirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist client with toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide client comfort measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Perform CPR (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Skills			
1. Transport client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist to transfer client (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain inventory of supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Manage client appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Obtain/update client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Measure blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Measure height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Measure pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Measure fluid intake & output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Measure EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W/S = Worksite Experience or In Simulation

Continued on next page

Rating Scale:

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Additional Comments -

Therapeutic Services Pathway

Nursing Assistant Unit - continued	Minimum rating of 2 for EACH Check Rating		
	1	2	3
Additional Skills - continued			
11. Measure blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Instruct clients in collection of specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Process specimens for testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assist in performing testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Make occupied bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Provide client skin care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Apply non-prescription topical medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Prepare &/or serve food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Aid client with eating & hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Aid client with oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Aid client with grooming- hair care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Aid client with grooming- nail care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Aid client with grooming- dress & undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Aid client with grooming- shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Care for client with urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Provide ostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Aid client with bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Give bedbath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Apply TED (anti-embolism) stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Aid client to perform range of motion exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Set up area for exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Assist with exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Assist with medication &/or immunization administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Assist with care of client with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use isolation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Perform choking maneuver (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Use First Aid measures (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Assist with post-mortem care (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W/S = Worksite Experience or In Simulation

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Additional Comments -

Additional Certifications, Training, Seminars and Projects

Please list in detail any additional certifications earned, any training and seminars attended, and/or any projects completed during the course of the Health Science Youth Apprenticeship.

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Other Notes or Comments		
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Post Program Completion Survey

Student Name	Expected Date of High School Graduation
School District	GPA at End of YA Program

Instructions: Indicate if the student will continue to be employed, and then check the appropriate boxes. **Please include internships, opportunities to work during school breaks, and other similar situations as offers of continued employment, even if they do not start immediately.**

<input type="checkbox"/> This student will be employed after completing the YA program. Check <input type="checkbox"/> Full time or <input type="checkbox"/> Part time.			
Check all that apply:		Then, fill out the following information:	
<input type="checkbox"/> Employment is related to YA program training	Employment Wage:		
<input type="checkbox"/> Employment is with same YA employer*	Employment Start Date:		
<input type="checkbox"/> Employment is seasonal and/or intermittent	Position Title (optional):		
<input type="checkbox"/> Employment is an internship	Industrial Sector [†] :		
<input type="checkbox"/> Employment is military	[†] Based on employer's NAICS Code. If unknown, describe the employer's primary income-producing line of business below.		
<input type="checkbox"/> Also entering post-secondary education/other training			
<input type="checkbox"/> Also entering a Registered Apprenticeship			
<input type="checkbox"/> Health/personal issues impacted ability for full employment			
<i>*If student accepted a job at a different employer, please provide that employer's contact information:</i>			
Employer Name		Street Address	
City	County	State	Zip

<input type="checkbox"/> This student will not be employed after completing the YA program.	
Check one:	Then, check all that apply:
<input type="checkbox"/> Student did not apply for further employment	<input type="checkbox"/> Entering post-secondary education or other training program
<input type="checkbox"/> Student applied, but was not interviewed	<input type="checkbox"/> Student unable to find an entry-level position to apply for
<input type="checkbox"/> Interviewed, but not offered employment	<input type="checkbox"/> Student had change in career interest or plans
<input type="checkbox"/> Student was offered continued employment, but did not accept	<input type="checkbox"/> Health/personal issues prohibited employment
Other comments:	

Mentor Name	Company Name
Mentor Signature	Date Completed