

## APPENDIX B: PERFORMANCE EVALUATION: MEALTIME FEEDING ASSISTANT

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

Meal: \_\_\_\_ Breakfast    \_\_\_\_ Lunch    \_\_\_\_ Dinner

Facility: \_\_\_\_\_

Staff Observer: \_\_\_\_\_ Trainee (observed): \_\_\_\_\_

DID THE STAFF MEMBER...	YES	NO	N/A
1. Wash hands or use hand sanitizer prior to feeding?			
2. Greet the resident by name?			
3. Introduce self?			
4. Orient the resident to the meal (breakfast, lunch, dinner)?			
5. Orient resident to items on the tray (list what is being served)?			
6. Seat themselves either beside or across from the resident to provide assistance if possible?			
7. Ensure that the served meal is in accordance with resident's prescribed diet?			
8. Ensure that the resident is sitting upright, to the greatest extent possible?			
9. Interact socially with the resident intermittently throughout the meal period?			
10. Provide verbal instruction or orientation (includes prompts to eat for residents who eat independently and, if physically dependent, letting the resident know what food or fluid is being offered)?			
11. Offer alternative food/fluid items if the resident is eating less than half of the meal or complains about the served items?			
12. Food and fluid items are kept separate (does not mix food/fluid items in an unappealing manner)? Note: mixing of foods with sauces is appropriate.			
13. Provide small, manageable bites of food for the resident?			
14. Spend at least 5 minutes encouraging the resident to eat the served meal BEFORE offering a supplement (such as Ensure or Resource)?			
15. Spend at least 15 minutes (or until meal is complete) providing assistance and/or encouragement to eat?			
16. Orient the resident that the meal is complete?			
<b>Percent Pass Rate: Total # of "yes" / 15</b>			

**Observer Instructions:** One form per observation. Indicate "YES" or "NO" by marking an "X" in the appropriate column in response to each item. Following completion of the form, supervisory-level staff should review the results with the observed staff member

**Additional Notes or Observations (e.g., resident complaints about the food, need for swallowing evaluation or possible change in diet orders, resident appeared sleepy/ lethargic during meal):**