



DINING ASSISTANT TRAINING RECORD

State Form 57153 (R / 11-25)
INDIANA DEPARTMENT OF HEALTH
DIVISION OF LONG TERM CARE

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Curriculum: IDOH AHCA Both

Training Program Name: _____

Address: _____ State: _____ ZIP code: _____

CLASSROOM INSTRUCTION:

IDOH Lesson Number	AHCA Lesson Number	IDOH	Date	Time	Instructor
1	NA	Health Care Delivery			
2	1	Role of Dining Assistant			
3	5	Feeding Techniques			
4	4	Regular and Special Diets			
5	10	Reporting Food and Fluid Intake			
6	4	Nutrition and Hydration			
7	2	Communication and Interpersonal Skills			
8	9	Infection Control			
9	8	Safety and Emergency Procedure			
10	3	Abuse, Neglect and Misappropriation of Property			
11	10	Recognizing and Reporting Changes			
12	6	Mental Health and Social Service Needs including how to respond to a Resident's Behavior			
13	3	Resident Rights and Independence			

