State of California – Health and Human Services Agency
California Department of Public Health (CDPH)

Nursing Home Administrator Program (NHAP)
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ADMINISTRATOR-IN-TRAINING (AIT) EVALUATION REPORT

Please submit this report within ten (10) days after the completion of each training quarter. This form will also need to be submitted if there is a change in the AIT's 1,000-hour training program, change in preceptor, facility, or the stop, suspension or termination of program.

AIT'S NAME (Last)	(First)	(M.I.)	AIT NUMBER
PRECEPTOR'S NAME (Last)	(First)	(M.I.)	NHA LICENSE NUMBER
FACILITY NAME	FACILITY TELEPHONE NUMBER	FACILITY FAX NUMBER	
FACILITY ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)

1. Please choose one of the following:

○ First Quarter ○ Second Quarter ○ Third Quarter ○ Fourth Quarter ○ AIT Retraining

2. Total AIT training hours for the quarter: _____ Start Date: _____ End Date: _____

3. Actual hours per week of supervised training: _____

4. Was there a program change for this quarter? ○ Yes ○ No

   If yes, please attach additional documentation.

5. Did AIT attend all scheduled training days? ○ Yes ○ No If No, please explain:

6. How many hours did you personally train this AIT? _____

7. Please add all who trained AIT. Please list name(s), title(s), topic(s), and hours.

Name(s)	Title(s)	Topic(s)	Hours they trained AIT

AIT Name (PRINT): _____

ADMINISTRATOR-IN-TRAINING (AIT) EVALUATION REPORT

This is a confidential evaluation of your overall performance during the 1,000-hour AIT program. This information is for you to use as a guide to improve your performance as a future nursing home administrator. Please answer the following questions below that are applicable to your quarter.

E = EXCELLENT **G** = GOOD **F** = FAIR **P** = POOR **NA** = NOT APPLICABLE

A. ATTITUDE	**E**	**G**	**F**	**P**	**NA**
1. Adapted to changing circumstances	○	○	○	○	○
2. Enthusiastic and positive	○	○	○	○	○
3. Versatile and willing to accept changes in job assignments	○	○	○	○	○
4. Follows facility rules, regulations	○	○	○	○	○
5. Accepts suggestions for work improvement and follows through	○	○	○	○	○
6. Can be entrusted to perform at the NHA level with minimum supervision	○	○	○	○	○
7. Cooperates with supervisor and shows respect at all times	○	○	○	○	○
8. Handles complaints quickly and takes appropriate steps to ensure complaint is not repeated	○	○	○	○	○

B. WORK HABITS	**E**	**G**	**F**	**P**	**NA**
1. Organization skills	○	○	○	○	○
2. Completes job assignments in a timely manner	○	○	○	○	○
3. Leadership skills	○	○	○	○	○
4. Exercises good judgment	○	○	○	○	○
5. Performs assignments safely	○	○	○	○	○
6. Alert to changing conditions and follows through appropriately	○	○	○	○	○
7. Prioritizes job assignments well-efficient	○	○	○	○	○
8. Negotiation skills	○	○	○	○	○
9. Follows regulations governing nursing homes	○	○	○	○	○
10. Knowledgeable of regulatory resources	○	○	○	○	○
11. Reviews nursing home functions and ensures compliance with regulatory requirements	○	○	○	○	○
12. Attendance records	○	○	○	○	○
13. Timeless notification of absences	○	○	○	○	○
14. Processes confidential request or medical information appropriately	○	○	○	○	○

AIT Name (PRINT): _____

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C. QUALITY OF WORK	E	G	F	P	NA
1. Performs job assignments to meet facility standards	○	○	○	○	○
2. Copes and performs well in unusual and emergency situations	○	○	○	○	○
3. Written and verbal communications are clear and understandable	○	○	○	○	○
4. Ensures that assignments are completed neatly and according to proper regulatory standard	○	○	○	○	○

D. RELATIONSHIP WITH STAFF	E	G	F	P	NA
1. Gets along well with other employees	○	○	○	○	○
2. Team player and encourages teamwork	○	○	○	○	○
3. Maintains professionalism with staff	○	○	○	○	○
4. Courteous and patient when dealing with staff	○	○	○	○	○
5. Willing to help other employees	○	○	○	○	○
6. Serves as a resource for staff	○	○	○	○	○
7. Keeps staff informed of existing policies/procedures/changes	○	○	○	○	○

E. INTERPERSONAL SKILLS	E	G	F	P	NA
1. Encourages and creates a positive work environment	○	○	○	○	○
2. Gives and takes constructive criticism	○	○	○	○	○
3. Meet changing priorities with a positive attitude	○	○	○	○	○
4. Maintains a positive and cooperative work environment	○	○	○	○	○

AIT Name (PRINT): _____

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E = EXCELLENT **G** = GOOD **F** = FAIR **P** = POOR **NA** = NOT APPLICABLE

F. RESIDENT AND FAMILY RELATIONSIPS	**E**	**G**	**F**	**P**	**NA**
1. Displays genuine concern for patients and their families' concerns/feelings	○	○	○	○	○
2. Respects and honors resident's rights	○	○	○	○	○
3. Does their utmost to maintain resident's dignity and self-respect	○	○	○	○	○
4. Communicates with residents or family members regarding their care or concerns	○	○	○	○	○
5. Follows "Care Plans" and reports change in resident's conditions promptly	○	○	○	○	○
6. Greets family and others with a smile/friendly	○	○	○	○	○
7. Processes confidential request or medical information appropriately	○	○	○	○	○
8. Handles complaints assertively	○	○	○	○	○

OVERALL RATING	**E**	**G**	**F**	**P**
	○	○	○	○

8. Do you, as a preceptor, recommend the AIT progress to the next quarter of/completion of training?
○ Yes ○ No

If no, please explain in additional comments.

ADDITIONAL COMMENTS: (Use space provided below and additional paper to comment or correct the AIT's performance for evaluation ratings of "Fair" or "Poor" listed above, or to explain termination of the AIT program, or to describe anything not covered by this evaluation). Please offer specific commendations or recommendations for improvement.

_____
_____
_____

I certify under penalty of perjury under the applicable state and federal laws, that the information contained in this application and supporting documents is true and correct.

AIT's Signature _____ Date _____

Preceptor's Signature _____ Date _____

INSTRUCTIONS FOR FILLING OUT THE ADMINISTRATOR-IN-TRAINING (AIT) EVALUATION REPORT

Page 1

Before answering sections 1-7, please fill out the AIT, Preceptor, and Facility section on the top of page 1.

1. Please choose one of the following: Choose one of the quarters or AIT retraining.

2. Total AIT training hours for the quarter: If approved for 1000 hours, a quarter will approximately be 250 hours. The AIT approval letter also states the total amount of hours and expected hours per quarter, based on the start and end dates.

Start Date: Enter the date that the AIT training started for the quarter.
End Date: Enter the date that the AIT training ended for the quarter.

3. Actual hours per week of supervised training: This is the total amount of hours per week from all Department Managers and Preceptor that supervised the AIT.

4. Was there a program change for this quarter? Yes No

If yes, please attach additional documentation.

*Minor changes include:

- Minor fluctuation in hours per week, due to illness or “short” vacation. A short vacation by preceptor or AIT that is less than one week.
- Placing the training on hold if less than 2 weeks.
- Changing topics from week-by-week breakdown of the AIT outline.

*Major changes need to be requested with the CDPH 502C form and an updated AIT outline with the week-by-week breakdown if:

- Permanent change of the hours per week.
- Changing preceptor.
- Changing facility.
- Placing the training on hold if more than 2 weeks.

5. Did AIT attend all scheduled training days? Yes No If No, please explain why the AIT did not attend all scheduled days.

6. How many hours did you personally train this AIT? Please enter the total hours the preceptor personally trained the AIT for the quarter.

7. Please add all who trained AIT. Please list name(s), title(s), topic(s), and hours. In the chart on question 7, please add the names of the people who trained AIT and their title, the topics, and hours.

Pages 2, 3, and 4

Please choose excellent, good, fair, poor or not applicable on sections A through F. These are rating for just the quarter.

8. **Do you, as a preceptor, recommend the AIT progress to the next quarter of training?** For the preceptor, please answer yes or no on recommending continuing the AIT training for the next quarter. If the AIT program is terminated, please explain in additional comments.

The AIT and Preceptor needs to sign and date on the bottom of page 4.