FOR OFFICE USE ONLY
Date approved _____
Date denied _____
Final report Y / N

ADMINISTRATOR IN TRAINING (AIT) MONTHLY EVALUATION REPORT

Name of AIT: _____ License # _____

Training Location (Name of Facility): _____

Name of Preceptor: _____ License # _____

Time period of report: _____to _____

Report # _____ of _____ (total numbers of reports required)

Number of hours from this report: _____ (total number of hours worked during this reporting period)

Evaluation is to be performed with the AIT's input. However, the Preceptor is responsible for completion and submission of form. Please be sure to complete all items, including comments; also, attach a copy of the AIT plan with the number of hours that have been completed in each area.

1. Knowledge and application of State, Federal & Local regulations pertaining to Nursing Homes.

   Learning Assignments and Performance Objectives:

   Progress during this evaluation:
   __ N/A during this evaluation
   __ Exceeds level of expectation
   __ Meets level of expectation
   __ Below level of expectation

   Attach additional pages for comments: (include a remedial plan if progress is below level of expectation)

2. Knowledge and application of General Administrative Principles (Issues of budgeting, accounting, records, organization, personnel, procedures, etc.).

   Learning Assignments and Performance Objectives:

   Progress during this evaluation:
   __ N/A during this evaluation
   __ Exceeds level of expectation
   __ Meets level of expectation
   __ Below level of expectation

   Attach additional pages for comments: (include a remedial plan if progress is below level of expectation)

3. Knowledge related to resident care (medical, environmental, dietary, etc.).

Learning Assignments and Performance Objectives:

Progress during this evaluation: __ N/A during this evaluation

__ Exceeds level of expectation

__ Meets level of expectation

__ Below level of expectation

Attach additional pages for comments: (include a remedial plan if progress is below level of expectation)

4. Overall assessment of AIT 's development from the last report (Please include information related to professionalism, interpersonal relations, personal qualities, suitability of AIT to be a Nursing Home Administrator, etc.)

5. Learning assignments and performance objectives for next evaluation (please include specific objectives, activities and evaluation methods)

6. Additional Comments:

PLEASE ATTACH A COPY OF THE AIT PLAN WITH THE NUMBER OF HOURS THAT HAVE BEEN COMPLETED IN EACH AREA.

_____ _____

Preceptor Signature **Date**

_____ _____

AIT Signature **Date**

Must Submit Original to Board Office:
Colorado Board of Examiners of Nursing Home Administrators
1560 Broadway Suite 1350
Denver CO 80202