


**HOME CARE AIDE
STUDENT CHECK LIST**



NAME: _____ DATE: _____, 2015

AGENCY: _____ CASEWORKER: _____

To Do:	Date
___ *Enroll	_____
___ 1. Pre Screening Background check	_____
___ 2. TB testing Step 1	_____
___ 3. TB testing Step 2	_____
___ 4. Drug screen	_____
___ 5. Physical Exam	_____
___ 6. CPR card	_____
___ 7. National Career Readiness Certificate (WorkKeys)	_____
___ 8. Mental Health First Aid	_____

*This information is collected and kept in student files.