



## **Nursing Student Assignment Sheet**

School:			
Clinical Instructor:	Contact Number:		
Date	Time on Unit	Time Leaving Unit	
	Responsibilities		Comments
Student:	□ Bath □ Bed		
Patient/ Room #	☐ Oral Meds ☐ Documentation		
Student:	☐ Bath ☐ Bed	☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation		
Student:		☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Ambulation	
Student:	□ Bath □ Bed	☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Treatments	
Student:	□ Bed		
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Ambulation	
Student:	□ Bath □ Bed	☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Ambulation	
Student:	☐ Bath ☐ Bed	☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Treatments ☐ Ambulation	
Student:	☐ Bath ☐ Bed	☐ Personal care ☐ Assessment	
Patient/ Room #	☐ Oral Meds ☐ Documentation	☐ Treatments ☐ Ambulation	