DELEGATION SUPERVISION RECORD FOR DIABETES CARE TASKS

Student Name: _____ Staff Member Name: _____

RN Initials indicate no concerns. "*" indicates concerns described in improvement plan

Date	Task assessed	Performed competently?	IHP/ECP accessible and current?	Student tolerating procedure well?	Documentation accurate?	Continue delegation?

Improvement Plan:

Nurse Consultant Signature_____ Initials_____