

Individual Specific Training

Family Managed Providers & Employees

Individuals Name: _____

Address: _____

Each provider/staff person working with this individual must be trained on the individual’s current services, needs and protocols, prior to working directly with the individual. Please use this as your guide to required information and information that may be important for all to know. Often programs will compile a book containing all of this information and review with new staff/providers as they join the team.

A copy of this form must be returned to the individuals Service Coordinator, within 30 days of hire. * Providers and staff should not provide direct services until such time as they have completed the training with you on the individual’s specific needs and services.

Required

Daily Living Skills	Date Completed	Staff / Provider Initial	N/A
Meals, eating and nutrition supports (prior to working alone with)			<input type="checkbox"/>
Personal hygiene, toileting, dressing and bathing needs			<input type="checkbox"/>
Chores, laundry and housekeeping tasks			<input type="checkbox"/>
Other: describe			<input type="checkbox"/>
Social & Recreation			
Transportation supports and needs			<input type="checkbox"/>
Preferred and scheduled activities: social clubs, sports, restaurants, shopping, etc.			<input type="checkbox"/>
Location of activities: facility name, directions, contact person, etc.			<input type="checkbox"/>
Communication strategies and supports			<input type="checkbox"/>
Other: describe			<input type="checkbox"/>
Personal Growth			
Service Agreement – must read in entirety			<input type="checkbox"/>
Goal(s) outlined in Service Agreement and any other relevant plans			<input type="checkbox"/>
Assessments: HRST, SIS			<input type="checkbox"/>
Hobbies, courses and special interests			<input type="checkbox"/>
Work or volunteer positions and supports			<input type="checkbox"/>
Other: describe			

Health & Safety / Medication Administration			
Supervision level across environments			
Behavior support: behavior, safety & risk management plans or protocols, best strategies for success, choice making			<input type="checkbox"/>
Medication Review and procedures – note: 1201 Medication Administration Training is required of all non- family member providers, are required to administer medications			<input type="checkbox"/>
Emergency procedures: location of first aid kit, flashlights, etc.			<input type="checkbox"/>
Emergency Contacts – Including names/phone #, and preferred contact information			
Specific safety/medical precautions and protocols: eating, mobility, seizures			<input type="checkbox"/>
Therapy instructions and protocols (OT, PT, Speech)			<input type="checkbox"/>

Employees feedback on training completion & comments:

As the Program/Family Representative, it is important to provide ongoing training and support to all Family Managed Employees and Providers.

By signing below, you as the Program/Family Representative agree that the following Individual specific training was provided prior to the employee/provider working directly with the individual independently.

Approvals/Acknowledgments

Staff/Provider Name: _____ Date: _____

Program/Family Representative: _____ Date: _____

PDMS/SDS Service Coordinator: _____ Date: _____

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Quality & Training Department – Training Record Entry

Date: Entered to Relias: _____

Entered by: _____