

Orientation Checklist

Online

Classroom



New Hire's Name: Ashley Tellas

Trainer's Name: Victoria Brown

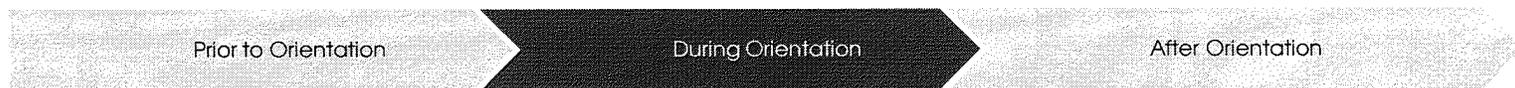
Site and Home Manager: Nicolet-Melissa Meek

Orientation Start Date: 7/13/2020

Orientation End Date: 7/16/2020



| | Date Completed | |
|-------------------------------------|----------------|---|
| <input checked="" type="checkbox"/> | 7/13/2020 | Reach out to new hire and welcome them to Beacon. (Online Orientations) |
| <input type="checkbox"/> | | |



| | Date Completed | |
|-------------------------------------|----------------|--|
| <input checked="" type="checkbox"/> | 7/15/2020 | Check and upload Online Recipient Rights Certificate into Star Service. |
| <input checked="" type="checkbox"/> | 7/16/2020 | Upload CPI Card and/or documentation as offline reporting in Star and on the CPI site as required. Training was not completed in orientation. Training scheduled for: ___Needs physical skills followup_____ |
| <input type="checkbox"/> | | Upload CPR/First Aid Card and/or documentation as offline reporting in Star and on the CPI Site as required. Training was not completed in orientation. Training scheduled for: _____ |
| <input checked="" type="checkbox"/> | 7/16/2020 | Run a User Engagement or CourseLessonTimeTaken report and allocate all training hours. (ONLINE ORIENTATION) <i>Enter last date of timecard allocation as your date completed.</i> |
| <input checked="" type="checkbox"/> | 7/16/2020 | Double-check timecard punches and make sure all hours are allocated to training. (Classroom Orientation) <i>Enter last date of timecard allocation as your date completed.</i> |
| <input checked="" type="checkbox"/> | 7/16/2020 | Schedule Shadow Shifts and additional trainings in MakeShift. |
| <input checked="" type="checkbox"/> | 7/15/2020 | Reach out to the Home Manager to update them on the New Hire's progress and schedule (post-orientation training, shadow shifts, etc). |
| <input type="checkbox"/> | | |

Prior to Orientation

During Orientation

After Orientation

| | Date Completed | |
|-------------------------------------|----------------|---|
| <input type="checkbox"/> | | Upload Classroom Recipient Rights Certificate and/or documentation into Star Service if completed during orientation. If not, training is scheduled for: _____ |
| <input type="checkbox"/> | | Upload DMA Classroom Training Documentation if completed during orientation. If not, training is scheduled for: _____ |
| <input type="checkbox"/> | | Upload Gentle Teaching documentation into Star Service if completed during orientation. If not, training is scheduled for: _____ |
| <input checked="" type="checkbox"/> | 7/17/2020 | Run Offline Training Report and verify that all online training has been completed and certificates/documentation has been uploaded. |
| <input type="checkbox"/> | | Upload this completed form into the New Hire's Offline Training. |
| <input checked="" type="checkbox"/> | 7/17/2020 | Verify with Home Manager that New Hire showed up to their Shadow Shifts |
| <input type="checkbox"/> | | Staff & HM follow-up (7-14-30 days) |

Trainer Acknowledgement

I, Victoria Brown (trainer) am stating that the trainee has completed all trainings as outlined above.

Training Notes