



**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: LEAG SEALS Policy/Procedure/Topic: Wheelchair Mgmt  
Trained By: Michelle Walden Date Trained: 12/10/21

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

[Handwritten Signature]  
Employee Signature

12/10/21  
Date

[Handwritten Signature]  
Home Manager Signature

12/10/21  
Date

- Copy to Employee
- Copy to Employee Personnel File/HR