

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

**Staff name: Hoda Mohamed** **Title: Behavior Technician**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. **\*Complete this form for each person served to whom the staff person will be providing direct contact services.**

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Ali Hassan (Crisis Respite)**

<b>Orientation to individual service recipient needs</b>	<b>Date of completion</b>	<b>Date and type of demonstrated competency</b>	<b>Length of training</b>	<b>Name of trainer and company, if applicable</b>
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	03.28.24	Review w/ Supervisor	0.5 hours	Emily Simon, Designated Manager
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	03.28.24	Review w/ Supervisor		Emily Simon, Designated Manager
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	03.28.24	Review w/ Supervisor		Emily Simon, Designated Manager
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A
<i>CSSP, CSSP Addendum, and Self-Management Assessment</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	03.28.24	Self Review	1 hour	Emily Simon, Designated Manager

<i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	03.28.24	Self Review	0.5 hours	Emily Simon, Designated Manager
<i>Program Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly	03.28.24	Self Review	0.5 hours	Emily Simon, Designated Manager
<i>Ali Hassan Elopement Protocol</i>	03.28.24	Self Review		Emily Simon, Designated Manager
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company: N/A  Topic: Topic: Topic:				

Signed by:

*Hoda Mohamed*

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Staff signature

03.28.24

Date

\*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.



