

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Suad Said **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: Michael Nakashima (CRS - Oliver)

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*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:	04.16.24	Review w/ Supervisor	0.5 hours	Emily Simon, Designated Mangaer
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	04.16.24	Review w/ Supervisor		Emily Simon, Designated Manager
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	04.16.24	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	04.16.24	Review w/ Supervisor	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	04.16.24	Review w/ Supervisor	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	04.16.24	Review w/ Supervisor	0.5 hours	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:				

Suad Said
521DF47AA7CB441...

04.16.24

Staff signature

Date

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

