BrightPath

Staff Orientation Record: Person-Specific

Employee name: Avery Overlie, Mental Health Specialist

Program name: BrightPath LLC. Home & Community Based Services

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 all persons served to whom the staff person will be providing direct contact services.

Staff will review Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation, and ongoing as plans are updated. Staff will review 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. Other topics as determined necessary according to the person's Service and Support Plan or identified by the company will be outlined as needed.

Orientation to Individual Service Recipient Needs				
Name of Individual Served	**Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?**	**CPR, if required by the Support Plan or Support Plan Addendum?**	**Hours of Training**	**Name of Instructor + Type of Competency**
Anthony Alwin	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Kyle Betancourt	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Michael Bonilla	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
James Costigan	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Evelyn Curran	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
William Czmowski	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Randy Hemmen	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Lee "will" Loudermill	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kevin "Brittany" Meyer	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Peter "PJ" Sandhei	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Emilee Wong	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kayloni Pavey	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Rachel Seltz	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

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Katherine Albee	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Robert Blomgren	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Jackie Johnson	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Tangela LaVoie	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Harvey Lein	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Britany Stice	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Andrea Tharpe	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Yvonne White	**Yes**	N/A	**.5**	Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
		N/A		Instructor Name: Jamila Whitlock, Designated Coordinator Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
		Total Training Hours:	**10.5**	

Signed by:
Jamila Whitlock
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Trainer Signature — Date: 1/15/2025

Signed by:
Avery Overlie
69996248FFD1403...

Employee Signature — Date: 1/15/2025

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