BrightPath

Staff Orientation Record: Person-Specific

Employee name: Jake Sanderson, MHS

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**
Anja Witek	**All of the Above**	N/A	**.50hrs**	Instructor Name: Hunter Guerue 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
Oliver Tweh	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Angela Gorg	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Tom Dao	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kristin Colombo	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue 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
Keith Johnson	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Robert Kapas	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Evie Liebenstein	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Michael Robinson	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue 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
Stak Chol	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Shantel R Doresey	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Andrew McLaughlin	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kimberly Benson	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue 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
Scholastica Blessing	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Francis Johanning	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Logan Sharp	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Jessica Ruport	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

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Diana W. Harris	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
James Heininge	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Catherine Banks	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Chris Bowers	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue 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
Debra Gahm	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Ruth L Twete	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Thomas Pullins	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Judy Grady	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

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Vincenta Hughes	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
David New	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kurt Stroth	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Kevin Jackson	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue 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
James Nichols	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Lorna Nichols	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Mathew Menard	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Teresa Ruzin	All of the Above	N/A	.50hrs	Instructor Name: Hunter Guerue Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
		Total Training Hours:	16.50hrs	

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

Signed by:

Hunter Guerne
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Trainer Signature   Signed by:

[signature]
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EC8B51D14F734DA...
Employee Signature

1/16/2025
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Date

1/15/2025
————————————————————————
Date

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