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

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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

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
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

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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**	

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Signed by:
Hunter Guerra
3FABE35548184B7...

Trainer Signature

1/16/2025
Date

Signed by:
EC8B51D14F734DA...

Employee Signature

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.