



Staff Orientation Record: Person-Specific

Employee name: _____Angela Haugen_____

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
Evie Liebenstein		N/A	0.5	Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> 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		N/A	0.5	Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review Observation
Ruth Twete		N/A	0.5	Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review Observation
		N/A		Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator Self-Review Observation
		N/A		Instructor Name: 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: Type of Competency: Quiz Discussion w/ Designated Coordinator Self-Review Observation
		N/A		Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator Self-Review Observation
		N/A		Instructor Name: Type of Competency: Quiz Discussion w/ Designated Coordinator Self-Review Observation
Total Training Hours:				

Hunterwolf Guerne

Trainer Signature

2025-01-17

Date

Angela Hungen

Employee Signature

2025-01-17

Date

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

Audit trail

Details

FILE NAME Staff Orientation Record - Haugen A.docx - 1/17/25, 1:00 PM

STATUS ● Signed

STATUS TIMESTAMP 2025/01/18
00:21:36 UTC

Activity



SENT

hunter.guerue@brightpath-mn.com **sent** a signature request to:

- Angela Haugen (angela.haugen@brightpath-mn.com)
- Hunterwolf Guerue (hunter.guerue@brightpath-mn.com)

2025/01/17
19:00:30 UTC



SIGNED

Signed by Hunterwolf Guerue (hunter.guerue@brightpath-mn.com)

2025/01/17
19:01:21 UTC



SIGNED

Signed by Angela Haugen (angela.haugen@brightpath-mn.com)

2025/01/18
00:21:36 UTC



COMPLETED

This document has been signed by all signers and is **complete**

2025/01/18
00:21:36 UTC

The email address indicated above for each signer may be associated with a Google account, and may either be the primary email address or secondary email address associated with that account.