



Staff Orientation Record: Person-Specific

Employee name: Jesa Jones-Zehourou

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
Daniel Anderson	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Mary Besch	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kristin Colombo	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Dreifke, Dlyan	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Dale, John	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Duffy, Caleb	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Dummer, Judy	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Grady, Judy	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Gonzalez, Sonia	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Gustafson, Natalia	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Jennings, Cathy	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Jewett, Erin	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kircher, Duke (Bailey)	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Klein, Mary	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Law, Heather	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Loftus, Seth	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
McMonigal, Donald	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

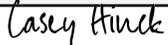
Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Miller, Joel	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Munz, Matthew	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Navy, Willie	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Oldeen, Diane	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Paulsen, Charlotte "Charlie"	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Phitsanoukanh, Bunhsa "Qui"	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Ram, Katherina	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Regan, James	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Smith, Katherine "Shivani"	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Stanley, Kurt	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Stevens, Richard	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Swanson, Ben	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> 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
Vought, Paul	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Washburn, Cassandra	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Wied, Claudia	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Wilson, Sonya	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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Wilson, David	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Younger, Charles	Yes	N/A	.5	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Signed by:				

Signed by:

 5DE67BC7635D48E...

1/16/2025

Signed by:
 Trainer Signature

 A35B34D3684A477...

Date

1/16/2025

Employee Signature

Date

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