



BrightPath

Staff Orientation Record: Person-Specific

Employee name: Hannah Abdel-Ghani

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.

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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Orientation to Individual Service Recipient Needs				
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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
Mackenzie Fodness	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Kim Rice	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Jeremy Johnson	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
Jay Austin	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Heather Wittkop	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Marc Henne	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Leslie Jane Baca	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
Jimmie Bates	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Annemarie Burns	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Gregg Chapman	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Aaron Godzala	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
Maria Metty	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Angelikah Stafsholt	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Heinrich Von Mende	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Kellie McGuire	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
Matthew Wentworth	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Cassandra Wittstock	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Carla Jellison	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Julianne Kelly	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
Anna Thomas	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Matthew Eckart	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
James Flack	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Kaylene Tapia	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
David Schwantes	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Adriel Ramirez	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Chelsey Ellering	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Nick Nali	Yes	N/A	0.5	Instructor Name: Amber Cairl Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> Observation
Total Training Hours:			13.5	

Amber Cairl
Trainer Signature

01.16.2025
Date

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Signed by:

Hannah Abdel-Ghani

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Employee Signature

Date 01.16.2025

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