



BrightPath

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## Staff Orientation Record: Person-Specific

Employee name: Daisy Diaz

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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<b>Orientation to Individual Service Recipient Needs</b>				
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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
Adriel Ramirez	Yes	N/A	0.5	Instructor Name: Amber Cairl  Type of Competency: Quiz Discussion w/ Designated Coordinator <u>Self-Review</u> 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
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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
		N/A		Instructor Name:  Type of Competency: Quiz Discussion w/ Designated Coordinator Self-Review Observation
<b>Total Training Hours:</b>			<b>0.5</b>	

Amber Cairl  
 Trainer Signature

01/16/2025  
 Date

Signed by:  


EC7A1AE4D985418...  
 Employee Signature

01/16/2025  
 Date

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