

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC - Intake Document****Staff Name: Kirsten Bernard****Title: Designated Manager**

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 each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk(*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Yaron Freedman

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including:	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				



Other activities of daily living (ADLs) per 256B.0659-specify				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review
*Skills necessary to provide appropriate support to instrumental activities of daily living (IADLs) per 256B.0659-specify	N/A	N/A	N/A	N/A
CPR, if required by the <i>SP</i> or <i>SPA</i>	N/A	N/A	N/A	N/A
<i>Preliminary Support Plan, Support Plan Addendum (SPA), and Self-Management Assessment (SMA)</i> 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.	No SMA Until 45 Day	Review w/ Supervisor No SMA Until 45 Day	No SMA Until 45 Day	No SMA Until 45 Day



Individual Abuse Prevention Plan (IAPP) to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review
Program Abuse Prevention Plan (PAPP) to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review
Other topics as determined necessary according to the person's <i>Support Plan Addendum</i> or identified by the company:	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review
Topic: Seizure Protocol	3.10.2025	Review w/ Supervisor	15 minutes	Self-Review

By signing here, I verify that the above training has been provided to me.

Staff Signature: Signed by: Kirsten Bernard
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