



Last Updated:

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC****Staff Name: Charlotte Campbell****Title: BT**

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: Allysa Johnson**

| <b>Orientation to individual service recipient needs</b>                     | <b>Date of completion</b> | <b>Date and type of demonstrated competency</b> | <b>Length of training</b> | <b>Name of trainer and company, if applicable</b> |
|------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|---------------------------|---------------------------------------------------|
| *Appropriate and safe techniques in personal hygiene and grooming including: | 3.26.2025                 | Review w/ Supervisor                            | .25                       | Hoda Mohamed, PC<br>Kirsten Bernard, DM           |
| Hair care                                                                    |                           |                                                 |                           |                                                   |
| Bathing                                                                      |                           |                                                 |                           |                                                   |
| Care of teeth, gums, and oral prosthetic devices                             |                           |                                                 |                           |                                                   |

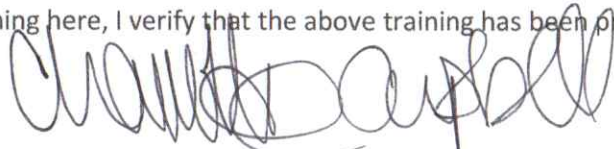


|                                                                                                                                                                                                                                                                                      |           |                      |     |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----|-----------------------------------------|
| Other <b>Activities of Daily Living (ADLs)</b> per 256B.0659-specify                                                                                                                                                                                                                 |           |                      |     |                                         |
| *Understanding of what constitutes a <b>healthy diet</b> according to data from the CDC and the skills necessary to prepare that diet                                                                                                                                                | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |
| *Skills necessary to provide appropriate support to <b>Instrumental Activities of Daily Living (IADLs)</b> per 256B.0659-specify                                                                                                                                                     | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |
| <b>CPR</b> , if required by the <i>Support Plan or Support Plan Addendum (SPA)</i>                                                                                                                                                                                                   | N/A       | N/A                  | N/A | N/A                                     |
| <b>Support Plan, Support Plan Addendum (SPA), and Self-Management Assessment (SMA)</b> 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. | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |



|                                                                                                                                                             |           |                      |     |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----|-----------------------------------------|
| <b>Individual Abuse Prevention Plan</b> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans   | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |
| <b>Program Abuse Prevention Plan</b> to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |
| <b>Other topics</b> as determined necessary according to the person's <i>Support Plan</i> or <i>Support Plan Addendum</i> or identified by the company:     | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |
| <b>Rights Restriction:</b>                                                                                                                                  | 3.26.2025 | Review w/ Supervisor | .25 | Hoda Mohamed, PC<br>Kirsten Bernard, DM |

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


3.26.2025