STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff Name: Andre Ford	**Title: Behavior Tech**

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 be completed onsite during shadow shift with direct supervisor.

Name of person served: Tavion Riddley

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**
Support Plan Addendum (SPA)- By signing this document you are acknowledging you have read and understand all sections in the SPA. Purpose of 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.	4/13/25	Review w/ Supervisor	.25	Krystal Carlock, DC

Self-Management Assessment (SMA) By signing this document you are acknowledging you have read and understand all sections in the SMA. Purpose: 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.	4/13/25	Review w/ Supervisor	.25	Krystal Carlock, DC
Individual Abuse Prevention Plan By signing this document you are acknowledging you have read and understand all sections in the IAPP. Purpose: to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	4/13/25	Review w/ Supervisor	.25	Krystal Carlock, DC

Program Abuse Prevention Plan (PAPP) to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly	4/13/25	Review w/ Supervisor	.25	Krystal Carlock, DC

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

Signed by:
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4/17/2025