



STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff Name: Sagal Said

Title: Behavior Technician

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: Tyson Valek

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:	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
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	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
*Skills necessary to provide appropriate support to instrumental activities of daily living (IADLs) per 256B.0659-specify	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
CPR, if required by the CSSP or CSSP Addendum	N/A	N/A	N/A	N/A
CSSP, CSSP Addendum, and Self-Management Assessment 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.	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC



Program Abuse Prevention Plan to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:	1/31/2025	Review w/ Supervisor	.5	Marilyn Campiz, DC
Topic:				
Topic:				

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

Sagal seid

2025-02-02

Marilyn Campiz

2025-02-01

Audit trail

Details

FILE NAME	Copy of Tyson Valek Person Specific Orientation_Annual Training Plan - 1/31/25, 2:16 PM
STATUS	● Signed
STATUS TIMESTAMP	2025/02/02 22:43:32 UTC

Activity

 SENT	training@brightpath-mn.com sent a signature request to: <ul style="list-style-type: none">Sagal seid (sagal.seid@brightpath-mn.com)Marilyn Campiz (marilyn.campiz@brightpath-mn.com)	2025/01/31 20:16:46 UTC
 SIGNED	Signed by Marilyn Campiz (marilyn.campiz@brightpath-mn.com)	2025/02/02 02:48:47 UTC
 SIGNED	Signed by Sagal seid (sagal.seid@brightpath-mn.com)	2025/02/02 22:43:32 UTC
 COMPLETED	This document has been signed by all signers and is complete	2025/02/02 22:43:32 UTC

The email address indicated above for each signer may be associated with a Google account, and may either be the primary email address or secondary email address associated with that account.