Owakihi Inc.

Training Summary Form

I. **Employee:** Mandy Gerads Topic: **SERVICE RECIPIENT NEEDS AND PLAN 116** Credit Hours: .75

Person's Initials/ID#: KA

II. **Description of Training Content and Materials** ***=Please check boxes for applicable training=***

Review and instruction on the employee's specific job functions and skills within the scope of services:

- ☒ Service recipient's diagnosis and identified disabilities, unique strengths, functional skills and abilities, behaviors and symptoms, needs and risks, preferences, and personal goals;
- ☐ Staff responsibilities for understanding person's rights and ensuring that these rights are exercised and protected.
- ☐ Service recipient's file including the Coordinated Service and Support Plan (CSSP) and Coordinated Service and Support Plan Addendum (CSSP-A); self-management and skills assessments; IAPP; person's plan with service outcomes and behavior outcomes (as applicable) with supports and methods; and progress reports.
- ☒ For residential: Review and instruction on the Program Abuse Prevention Plan and the emergency plan to maintain the person's safety.
- ☒ How to implement person-centered planning and support services for this individual in response to the person's identified needs, interests, preferences, and desired outcomes, per CSSP and CSSP-A; fostering self-determination; and balancing risk and opprotunites in the most integrated, inclusive settings.
- ☒ How to implement outcome-based services as assigned in the CSSP and CSSP Addendum. Implement supports and methods to facilitate the accomplishment of outcomes related to acquiring, retaining, or improving skills; document activities and instructional strategies using measurable, observable criteria. Keep updated and trained regarding the changing needs and personal outcomes.
- ☒ Record-keeping and reporting requirements, including use of progress notes/documentation forms.
- ☒ Instructional strategies with appropriate and safe techniques for achieving personal outcomes and completing applicable activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- ☒ An understanding of what constitutes a healthy diet according to data from the Centers for Disease Control and Prevention and the skills necessary to prepare that diet.
- ☒ Safe and current operation of medical equipment used by the person, as applicable.
- ☒ Team roles and specific staff responsibilities for plan implementation and service coordination, as appropropriate to position.

Complete training documentation on back side (page 2)

- [x] Instructions on safety practices and health care coordination for individual in service site(s).
- [x] Instructions and supervised on-the-job training from the Designated Coordinator or Designated Manager.
- [ ] Other topics as determined necessary in the person's CSSP or CSSP Addendum _____

III. **Training Procedures**

Training Format	Instructional Methods	Demonstrated Competency
X Self Study	X Written: Animal Facts	X Knowledge Testing (Quiz)
____ Individualized Training	____ Audio or Video:	____ Observed Skill Assessment
____ Team Meeting	____ Oral Presentation and Dialogue	____ Other:
____ Other:	____ Guided Observation & Practice	
	____ Other:	

15 Hours of Training Completed? [x] Yes [ ] No

First Day of Contact: _____

First Day Unsupervised: _____

IV. **Date(s):** 1-24-20 (M/D/Y) Time(s): 2pm - 2:45pm

Trainer/Position: [illegible] Signature: [illegible]

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: Mandy [illegible]

Training Module 116 Quiz
Service Recipient Plan Review

Employee Name: Mandy Gerads **Date of Quiz:** 1-24-20

Directions: This quiz requires completion with the employee's supervisor. It is the responsibility of the supervisor to collect and review all information to assess the employee's job competence using knowledge testing and observed skill assessments.

Service Recipient Initials/ID #: KA

1. What was the main topic you reviewed and received instruction on today? KA his goal, behaviors
2. How did you obtain the information? IAPP, CSSP,
3. Summarize 3 key points from the information received:
   KA receive 2:1 staffing as of fall 2019
   KA receives $5 weekly + $5 for outing
   KA needs staff with him at all times
4. How does this information impact your implementation of the person's service plan or procedures?
   NA - HIW to support
5. Please identify any questions that you have related to this material and/or your work with this person.
   NA
6. What further instruction do you need to be competent in performing your job functions?
   NA
7. Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?
   Coordinator or DC

KNOWLEDGE TESTING BY THE TRAINER

- **Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)** _____
- **The employee demonstrated understanding of the service recipient and competence in completion of the quiz questions.** (***If not, arrange follow-up***)

Signature of Trainer _____ **Date** 2/20/2019