BEACON Specialized Living

Training Summary Form

I. **Employee**: Tosha Lockhart Topic: **SERVICE RECIPIENT NEEDS AND PLAN 116** Credit Hours: 2hrs

Person's Initials/ID#: DH

II. Training Procedures

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

III. **Date(s)**: 3/2/2020 (M/D/Y) Time(s): 8a-10a

Trainer/Position: Tiera Spell Signature: Designated manager

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

Employee Signature: Tosha Lockhart

Training Module 116 Quiz
Service Recipient Plan Review

Employee Name: Tosha Lockhart **Date of Quiz:** 3-1-20

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 #: D H

1. What was the main topic you reviewed and received instruction on today? Dane's New resident.
2. How did you obtain the information? Tierra
3. Summarize 3 key points from the information received:
   talk softly
   Lactose Intolerant
   Keep him busy likes to ride bike
4. How does this information impact your implementation of the person's service plan or procedures?
   Helps us learn how to care for Dane likes/dislikes
5. Please identify any questions that you have related to this material and/or your work with this person.
   not yet.
6. What further instruction do you need to be competent in performing your job functions?
   None as of yet
7. Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?
   Tierra + Sara

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*)**

Tierra Spell — **Signature of Trainer**

3/2/2020 — **Date**