Owakihi, Inc.

Training Summary Form

I. Employee: Shawn Mitchell Topic: **AUTISM SPECTRUM DISORDER 430** Credit Hours: .75

II. Description of Training Content:

See attached

III. Training Procedures

Training Format	Instructional Methods	Competency Evaluations
X Self Study	____ Written: ____	____ Knowledge Testing (Quiz)
____ Individualized Training	____ Audio Tape: ____	____ Observed Skill Assessment
____ Supervisory Meeting	____ Video Tape: ____	____ Other: ____
____ Team Meeting	____ Oral Presentation and Dialogue	
____ Owakihi In service	____ Guided Observation	
____ Other: ____	____ Guided Practice	
	____ Other: ____	

IV. Date(s): 4-4-20 (M/D/Y) Trainer/Position: ____

Time(s): 11-11:40a (AM or PM) Trainer Signature: ____

Location(s): ____ Employee Signature: Shawn Mitchell

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Owakihi, Inc.

Training Summary Form

I. Employee: Shawn Mitchell TOPIC: **AUTISM SPECTRUM DISORDER 430** Credit Hours: _____

II. Description of Training Content : GUIDING TOWARD GROWTH *Video Series*

John Merges, LICSW, specializes in working with people with Autism Spectrum Disorder. He has created a series of four 10 minute videos regarding "Guiding Toward Growth" principles located at www.johnmerges.com

III. Videos Completed

1. **Introduction to Guiding Toward Growth** DATE: 4-4-20 TIMES: 11:00 am or pm TO 11:10 am or pm
2. **The Band of Regulation** DATE: 4-4-20 TIMES: 11:10 am or pm TO 11:20 am or pm
3. **The Hurdles—Part 1** DATE: 4-4-20 TIMES: 11:20 am or pm TO 11:30 am or pm
4. **The Hurdles—Part 2** DATE: 4-4-20 TIMES: 11:30 am or pm TO 11:40 am or pm

IV. Training Verification

Employee Signature: Shawn Mitchell

Approval Signature: _____