

Training Summary Form

SCANNED
6/22/20

I. **Employee:** Sofya Taylor **Topic:** ADP AND NEXTSTEP 137 **Credit Hours:** _____

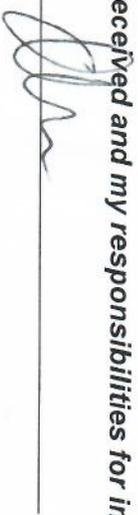
II. **Description of Training Content:**

ADP – New employees learn how to log on to ADP, how to create a new account, and use the timecard functions.
Adaptive Care – New employees learn how to log on to Adaptive Care and use the features that are currently deployed at Owakih.

III. **Training Procedures:**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Demonstrated Competency</u>
Individualized Training _____	Written: _____	Knowledge Testing (Quiz) _____
Team Meeting _____	Oral Presentation and Dialogue _____	Observed Skill Assessment _____
<input checked="" type="checkbox"/> Owakih Inservice _____	Guided Observation _____	Other: _____
Other: _____	Guided Practice _____	
	Other: _____	

IV. **Date(s):** 6/22/20 **Trainer/Position:** _____
Time(s): _____ **Trainer Signature:** 

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

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.