



On-Site Orientation Checklist (Person Specific)

Employee Name: MARIONA YOR On-Site Date: 8-7-2020

Individual Specific

This orientation, your background check, and all over-riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: DARRIK

Overriding Medical Needs: None Listed area of training

Date of Training

Physician/Therapist specific Orders: None Listed area of training

Date of Training

CSSP identified Training: None Listed area of training

Date of Training

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials _____

Supervisor Initials _____

Staff Initials	Medical Topic
	Pertinent medical conditions have been reviewed with me and I know how to respond.
	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
	I understand how, where to take this individual to the hospital or emergency room.
	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with water or juice, special language or requests used, etc.) specifics: <u>Liquid <input checked="" type="checkbox"/> crushed in pudding or porridge <input checked="" type="checkbox"/> or <u>crushed in pudding or porridge</u></u>
	I am aware of any allergies listed on this individual's medication treatment sheets.
	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials MY

Supervisor Initials ML

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Other Cares

MW

MW

I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, oral hygiene, grooming, bathing, positioning).

Yes No

If Yes, I have accurately relayed the seizure protocol information to the Supervisor who has trained me on its content.

Diet & Nutrition

Does this individual have any dietary restrictions or are they on a special diet? Yes No

If yes, please list the special diet information here: _____

Documentation & Information review for this person

I have read and understand the County CSSP

I have read and understand the CSSP Addendum and Self-Management Assessment

I have read and understand the IAPP

I have reviewed and understand the most recent Health Progress Notes and Daily Logging (last 7 days)

I have reviewed and understand the location of the Face Sheet which includes emergency contact information for this person

I understand and have been trained on positive support strategies and proactive interactions specific to this person.

Does this individual have a Behavior Support Plan or specific written behavior supports? Yes No

If yes, please list the behavior support strategies here:

Interfering or Target Behavior

Strategy

SCREAMING

SHOUT FOR A WALL

SCREAMING

TAOR TACTIC

DDT SCREAMING

TAOR FOR SAFETY

TAORING

TAOR FOR SAFETY

Supervision Plan

I understand the Guardian/Advocate/DT involvement for this person. As part of this discussion, family dynamics, expectations, and any special routines have been explained to me.

I understand the Supervision plan and response procedures for this person if the plan is not followed.

Community Alone Time

TAOR

Alone Time at Home

TAOR

Outcomes/Goals

I understand the Outcomes this person has chosen and how to support them to achieve their goals.

I understand the Documentation process for outcomes and outcome data collection for this person.

I have been trained on Next Step and the process for documentation within the Next Step system

I have successfully demonstrated how to implement and document all outcomes and behavior support plans as applicable:

Staff Initials

MW

Supervisor Initials

MW

MW
MW
MW

MW
MW