

Owakihi, Inc.
Training Summary Form

I. Employee: Katrina Hand Topic: Job Shadow w/RS Credit Hours: 4.5

II. **Description of Training Content:**
Introduction to RS and family. Discussion of preferences and interests, schedule. Observation of plan implementation.

III. **Training Procedures:**

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

IV. Date(s): 8/4/2020 Trainer/Position: Designated Manager
(M/D/Y) Time(s): 4:15 - 8:45 p Trainer Signature: [Signature]
(AM or PM)

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

Employee Signature: [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.