



Training Summary Form

I. Employee: Bobby Cox Topic: SERVICE RECIPIENT NEEDS AND PLAN 116 Credit Hours: 1hr
Person's Initials/ID#: AB

II. Description of Training Content and Materials

=Please check boxes for applicable training=

Review and instruction on the employee's specific job functions and skills within the scope of services:

- Service recipient's diagnosis and identified disabilities, unique strengths, functional skills and abilities, behaviors and symptoms, needs and risks, preferences, and personal goals;
- Staff responsibilities for understanding person's rights and ensuring that these rights are exercised and protected.
- Service recipient's file including the Coordinated Service and Support Plan (CSSP) and Coordinated Service and Support Plan Addendum (CSSP-A); self-management and skills assessments; IAPP; person's plan with service outcomes and behavior outcomes (as applicable) with supports and methods; and progress reports.
- For residential: Review and instruction on the Program Abuse Prevention Plan and the emergency plan to maintain the person's safety.
- How to implement person-centered planning and support services for this individual in response to the person's identified needs, interests, preferences, and desired outcomes, per CSSP and CSSP-A; fostering self-determination; and balancing risk and opportunities in the most integrated, inclusive settings.
- How to implement outcome-based services as assigned in the CSSP and CSSP Addendum. Implement supports and methods to facilitate the accomplishment of outcomes related to acquiring, retaining, or improving skills; document activities and instructional strategies using measurable, observable criteria. Keep updated and trained regarding the changing needs and personal outcomes.
- Record-keeping and reporting requirements, including use of progress notes/documentation forms.
- Instructional strategies with appropriate and safe techniques for achieving personal outcomes and completing applicable activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- An understanding of what constitutes a healthy diet according to data from the Centers for Disease Control and Prevention and the skills necessary to prepare that diet.
- Safe and current operation of medical equipment used by the person, as applicable.
- Team roles and specific staff responsibilities for plan implementation and service coordination, as appropriate to position.

Complete training documentation on back side (page 2)

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- Instructions on safety practices and health care coordination for individual in service site(s).
- Instructions and supervised on-the-job training from the Designated Coordinator or Designated Manager.
- Other topics as determined necessary in the person's CSSP or CSSP Addendum _____

III. Training Procedures

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

15 Hours of Training Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First Day of Contact: <u>8/3/2020</u>
First Day Unsupervised: <u>8/3/2020</u>

IV. Date(s): 8-3-20 Time(s): _____
(M/D/Y)

Trainer/Position: Designated mana Signature: [Signature]

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

Employee Signature: [Signature]

Training Module 116 Quiz Service Recipient Plan Review

Employee Name: Bobby Cox Date of Quiz: 8/3/2020

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 #: AB

1. What was the main topic you reviewed and received instruction on today? That AB has chewing & swallowing. To cut small pieces of food.
2. How did you obtain the information? Personal binder of AB,
3. Summarize 3 key points from the information received:
He need help with food cause he has gaged in past.
He can't speak to tell you what he wants then verbal
He don't walk good,
4. How does this information impact your implementation of the person's service plan or procedures?

It help to service AB, to care for him

5. Please identify any questions that you have related to this material and/or your work with this person.

6. What further instruction do you need to be competent in performing your job functions?

7. Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?

DM Teresa Spelling, Lisa the DC

----- 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)

Bobby Cox Teresa Spelling
Signature of Trainer

8/3/20 8/4/2020
Date