Beacon Specialized Living

Training Summary Form

I. **Employee:** Katrina Hang **Topic:** Job Shadow w/ASM #10121 **Credit Hours:** 3.25

II. **Description of Training Content:**
observation and engagement with plan implementation for ASM.

III. **Training Procedures:** Planning for activities, Developed activity options and determined how scheduled time will look like. ASM went grocery shopping, price comparison, etc. At home experience & community experience. Discussions of risks/preferences/ implementation.

Training Format		Instructional Methods		Demonstrated Competency	
____	Self Study	____	Written: ____	____	Knowledge Testing (Quiz)
X	Individualized Training	X	Oral Presentation and Dialogue	____	Observed Skill Assessment
____	Team Meeting	X	Guided Observation	____	Other: Star training
____	Owakihi Inservice	____	Guided Practice		
____	Other: ____	____	Other: ____		

IV. **Date(s):** 8/12/2020 (M/D/Y) **Trainer/Position:** DM

Time(s): 3-6:15p (AM or PM) **Trainer Signature:** Jjenkowski

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.