

On-Site Orientation Checklist (Person Specific)

		Other Cares
I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, oral hygiene, grooming, bathing, positioning).		
Does this individual have a seizure disorder?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		
If yes, please list the special diet information here:		LOW CARB / LOW FAT
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please list the behavior support strategies here:		
Interfering or Target Behavior:	Strategy:	
NO SP MENT	Block / Follow	
DIS STOPPING	FOR BLOCK	
PROPERTY APPROPRIATION	RECKLESS	
Supervision Plan		
I understand the Guardian/Advocate/IDT 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		NO
Alone Time at Home		NO
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		AF
Supervisor Initials		AF



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	Financial
<p>I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual.</p>	<p>AP</p>
<p>I understand the money-handling abilities and the financial arrangement for this individual</p>	
<p>When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission?</p>	
	Transportation
<p>I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility.</p>	<p>↙</p>
<p>List any specific procedures or practices when this person is a passenger in a vehicle: _____</p>	<p>N/A</p>
<p>List where this person goes to school or work and which transportation company is used: _____</p>	<p>↘</p>
<p>I am requesting further training on the following topic(s) in this Site Orientation Section: _____</p>	
<p>I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined.</p>	<p>Staff Signature: <u>Wendy White</u> Date completed: <u>8/18/20</u></p>
<p>I have reviewed the information and procedures outlined in this checklist with the employee.</p>	<p>Supervisor Signature: <u>HP WILSON</u></p>

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