



Training Summary Form

Topic: SERVICE RECIPIENT NEEDS AND PLAN 116

Credit Hours: 5

Trainer's Initials/ID#: DM

Employee: Bobby Cox

Training Procedures

- Self Study
- Individualized Training
- Team Meeting
- Other:

Training Format

- Written:
- Audio or Video:
- Oral Presentation and Dialogue
- Guided Observation & Practice
- Other:

Instructional Methods

- Demonstrated Competency
- Knowledge Testing (Quiz)
- Observed Skill Assessment
- Other:

Date(s): 3-2-20 (M/DM)

Time(s): 7am-1200

Signature: Tessa Fox

Trainer/Position: DM

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

Employee Signature: Bobby Cox

Training Module 116 Quiz Service Recipient Plan Review

Employee Name: Robby Cox

Date of Quiz: 3-1-20

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 #: _____

1. What was the main topic you reviewed and received instruction on today? How he ~~helps~~ to care for Dave his strength and weaker points.
2. How did you obtain the information? Dave Program Binder
3. Summarize 3 key points from the information received:
Love to be hugged everyday
To feel loved and safe
Love to get out in the community
4. How does this information impact your implementation of the person's service plan or procedures?
It very helpful in our care for Dave.
5. Please identify any questions that you have related to this material and/or your work with this person.
NONE
6. What further instruction do you need to be competent in performing your job functions?
update in any changes in moods or behaviors
7. Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?
TERRA Spellman, Sara

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)

Signature of Trainer _____

Date _____