

Beacon Specialized Living
Training Summary Form

I. Employee: Nitch Frueber

Topic: Normalcy & Student Parenting

Credit Hours: 1 hr

II. Description of Training Content:

III. Training Procedures:

Training Format

- Self Study _____
- Individualized Training _____
- Team Meeting _____
- Owakihi Inservice _____
- Other: _____

Instructional Methods

- Written: _____
- Oral Presentation and Dialogue _____
 - Guided Observation _____
 - Guided Practice _____
 - Other: _____

Demonstrated Competency

- Knowledge Testing (Quiz) _____
- Observed Skill Assessment _____
- Other: Star training _____

IV. Date(s): 8/26/20

(M/D/Y)

Time(s): _____

(AM or PM)

Trainer/Position: _____

Trainer Signature: _____

DL Max King

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.

