



Training Summary Form

I. **Employee:** Ger Haney **Topic:** Summer Ombudsman **Credit Hours:** 1.0 hours

II. **Description of Training Content:** Review of Summer Ombudsman Information including Insect Stings, Summer Alert, Water Safety, and Heatstroke.

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
<input checked="" type="checkbox"/> Self Study	Written: _____	Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	Oral Presentation and Dialogue	Observed Skill Assessment
<input type="checkbox"/> Team Meeting	Guided Observation	Other: Star training
<input type="checkbox"/> Inservice	Guided Practice	
<input type="checkbox"/> Other: _____	Other: _____	

IV. **Date(s):** 9/9/2020 **Trainer/Position:** OH
Time(s): 8a-9a **Trainer Signature:** [Signature]
 (M/D/Y) (AM or PM)

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.