



BEACON
Specialized Living

Training Summary Form

I. **Employee:** Matthew George **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

☒ Self Study _____
☐ Individualized Training _____
☐ Team Meeting _____
☐ 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 **Trainer/Position:** James West/DC
Time(s): 8PM - 10PM **Trainer Signature:** James West
(M/D/Y) (AM or PM)

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

Employee Signature: Matthew George

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.