



# Training Summary Form

I. **Employee:** James West/DC **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  
(M/D/Y) **Trainer Signature:** [Signature]  
**Time(s):** 9 (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.**