BEACON
Specialized Living

Training Summary Form

I. **Employee:** Melanie McCarty **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	
X	Self Study	____	Written: ____	____	Knowledge Testing (Quiz)
____	Individualized Training	____	Oral Presentation and Dialogue	____	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	____	Other: Star training
____	Inservice	____	Guided Practice		
____	Other: ____	____	Other: ____		

IV. Date(s): 8-27-2020 (M/D/Y) Trainer/Position: James West/DC

Time(s): 7-3 (AM or PM) Trainer Signature: [signature]

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

Employee Signature: Melanie McCarty

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.