BEACON
Specialized Living

# Training Summary Form

I. **Employee:** Kayla Gens **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):** 8/24/20 (M/D/Y) Trainer/Position: James West/DC

Time(s): _____ (AM or PM) Trainer Signature: _____

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

Employee Signature: Kayla Gens

**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.**