



# Training Summary Form

I. **Employee:** Elizabeth Lasser **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:**

| <b>Training Format</b>                         | <b>Instructional Methods</b>         | <b>Demonstrated Competency</b>  |
|--|--------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> 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):** 8-31-2020 **Trainer/Position:** \_\_\_\_\_  
Time(s): 9:30 (M/DAY) **Trainer Signature:** \_\_\_\_\_  
(A/M or PM)

*I understand the information received and my responsibilities for implementation with this company and persons served.*  
Employee Signature: *Beth Lasser*

**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.**