

Owakahi, Inc.  
**Training Summary Form**

I. **Employee:** Jeff Westman **Topic:** ALCOHOL AND DRUG USE 417 **Credit Hours:** \_\_\_\_\_

II. **Description of Training Content:**

Review and instruction on the Owakahi Inc. policy for alcohol and drug use and applicability to employees, volunteers, and subcontractors.

III. **Training Procedures**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
_____ Self Study	_____ X Written: Alcohol & Drug Use Policy	_____ X Knowledge Testing (Quiz)
_____ Individualized Training	_____ Oral Presentation and Dialogue	_____ Observed Skill Assessment
_____ Team Meeting	_____ Guided Observation	_____ Other: _____
_____ Owakahi Inservice	_____ Guided Practice	
_____ Other: _____	_____ Other: _____	

IV. **Date(s):** \_\_\_\_\_ **Trainer/Position:** \_\_\_\_\_  
**Time(s):** \_\_\_\_\_ **Trainer Signature:** \_\_\_\_\_  
(AM or PM)

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

## **Jeffrey westman**

### **test Children's mental health training**

1# anxiety, ptsd,adhd

2# neurologically

#3 depression

#4

#5 adhd,ptsd

#6 anxiety

#7 trauma

#8 coping skills

#9 confusion, anger, regression

#10 teen or middle school ages

#11 three

#12 lied, abandoned

#13 and for the Childs family

#14 grief

#15 dignity

#16 school, social services, police

Child foster care.

#1 18

#2 False

#3 license holder must provide basic Services to the child

#4 policies or procedures

#5 emergency procedure, cultural diversity, data practices

#6 documentation of training. Admissions treatment and discharge and annual training.

# line C. DHS,DOC

#1. TRUE

DISCIPLINE