BEACON

Training Summary Form

I. **Employee:** Jeffrey Westman **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): 9-1-20 (M/D/Y)

Time(s): 10 am (AM or PM)

Trainer/Position: [illegible]

Trainer Signature: [signature]

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.