BEACON
Specialized Living

Training Summary Form

I. **Employee:** Dylan Murphy **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): 9-15-2020 (M/D/Y) Trainer/Position: _____

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: _____

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.