



BEACON  
BEHAVIORAL HEALTH CENTER

### Training Summary Form

I. **Employee:** Abubaker Ashiru **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**

- Self Study
- Individualized Training
- Team Meeting
- Inservice
- Other: \_\_\_\_\_

**Instructional Methods**

- Written: \_\_\_\_\_
- Oral Presentation and Dialogue \_\_\_\_\_
- Guided Observation \_\_\_\_\_
- Guided Practice \_\_\_\_\_
- Other: \_\_\_\_\_

**Demonstrated Competency**

- Knowledge Testing (Quiz) \_\_\_\_\_
- Observed Skill Assessment \_\_\_\_\_
- Other: Star training \_\_\_\_\_

IV. **Date(s):** 7/24/20

(M/D/Y)

**Time(s):** \_\_\_\_\_

(AM or PM)

**Trainer/Position:** \_\_\_\_\_

**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.