Beacon Specialized Living

Training Summary Form

I. **Employee:** Ahmaud Schaeffer Topic: Covid-19 Emergency Preparedness Plan Credit Hours: 1 hour

II. **Description of Training Content:**

Review of the current Covid – 19 Emergency response and preparedness plan and current safety precautions and practices.

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
X	Self Study		Written:		Knowledge Testing (Quiz)
	Individualized Training	X	Oral Presentation and Dialogue		Observed Skill Assessment
	Team Meeting		Guided Observation	X	Other: Fill in the blank guide
X	Beacon Inservice		Guided Practice		
	Other:		Other:		

IV. **Date(s):** 1-5-2021 (M/D/Y) Trainer/Position: Trainer

Time(s): _____ (AM or PM) Trainer Signature: Jerdonsi

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

Employee Signature: Ahmaud Schaeffer

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.