BEACON Specialized Living

# Training Summary Form

I. **Employee:** Angela Corbett Topic: **ADP AND NEXTSTEP 137** Credit Hours: 2-3-2021

II. **Description of Training Content:**

ADP – New employees learn how to log on to ADP, how to create a new account, and use the timecard functions.

Adaptive Care – New employees learn how to log on to Adaptive Care and use the features that are currently deployed at Owakihi.

III. **Training Procedures:**

| Training Format | Instructional Methods | Demonstrated Competency |
|---|---|---|
| _____ Individualized Training | _____ Written: _____ | _____ Knowledge Testing (Quiz) |
| _____ Team Meeting | x Oral Presentation and Dialogue | _____ Observed Skill Assessment |
| x Owakihi Inservice | _____ Guided Observation | _____ Other: |
| _____ Other: _____ | _____ Guided Practice | |
| | _____ Other: _____ | |

IV. **Date(s):** 2-3-2021 (M/D/Y) Trainer/Position: Wendy Lefroth

Time(s): 11 am (AM or PM) Trainer Signature: _____

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

Employee Signature: Angela Corbett

**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.**