BEACON
Specialized Living

Training Summary Form

I. **Employee:** Matthew Montes **Topic:** G-tube feeding + meds **Credit Hours:** 0.5

II. **Description of Training Content:** Administration of G-tube feeding and medications.

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
____ Self Study	____ Written: ____	____ Knowledge Testing (Quiz)
_X_ Individualized Training	_X_ Oral Presentation and Dialogue	_X_ Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other: Star training
____ Inservice	____ Guided Practice	
____ Other: ____	____ Other: ____	

IV. Date(s): 8/25/21 (M/D/Y) Trainer/Position: Sean Mariette, RN

Time(s): 8a (AM or PM) Trainer Signature: [signature]

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

Employee Signature: Matthew Montes

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.