Competency Tracking Form

Participant: Joanne Staudt

Annual Team Meeting date: 1/20/2025_ **Competency Quiz Due for all Staff:_____**

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
2/5/25	LB	Lisa Bailey
2/5/25	JG	John Gebhardt
2/5/25	JJ	Julie Johnson
2-5-25	IL	Ilene Lubick
2/5/25	BM	Brian Mattox
2/5/25	KM	Krista Mischnick
2/5/25	LO	Lateeph Onikoro
2-5-25	DR	Darlene Rice
2/5/25	RS	Renee Schmidt
2/15/25	NS	Nancy Snyder
2/5/25	RS	Renee Schmidt
2-5-25	AS	Andrea Swearingen
2/5/25	PV	Pa Vang
2/5/25	DT	Dave Turner

Date Completed	Initials	Full Name
2/5/25	KB	Keyla Balmaceda
2/5/25	NJ	Nick Johnson

Date Uploaded to LMS: _____

Competency Tracking Form

Participant: Hope Gustafson

Annual Service Span: January 2025 to January 2026

Annual Meeting Date: 1/15/2025 **Competency Quiz Due for all Staff:**

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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