

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** *Humda Abedi*      **Date of hire:** *11/02/23*  
**Date of background study submission:** *11/02/23*      **Date of background study clearance:** *11/07/23*  
**Ongoing annual training period:** *December*  
**Date of first supervised contact:** *12/01/23*      **Date of first unsupervised contact:** *12/04/23*

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (\*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served:** *Tristen Cornett*

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	<i>12/01/23</i>	<i>Verbal 12/01/23</i>	<i>30 min</i>	<i>WA</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>12/01/23</i>	<i>Verbal 12/01/23</i>	<i>30 min</i>	<i>WA</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>12/01/23</i>	<i>Verbal 12/01/23</i>	<i>30 min</i>	<i>WA</i>
CPR, if required by the CSSP or CSSP addendum	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>WA</i>

