Choices in Community Living
ISP Training Form

Individuals Name:_____ **Span or Revision Date:** _____

5123:2.2.01(D)(17)(h): It is required that prior to providing direct services to Individuals served, Staff must receive training in programs and techniques necessary to correctly implement the Individual Plan of each Individual for whom they are responsible as described in the Individual's Plan. Assurance training plan includes:

	Quick Reference Guide. Specific details identified in the ISP
Supervision Requirements	
Allergies	
Behaviors and Procedures (BSP read and reviewed) (As Applicable)	
Food Consistency and Mealtime Assistance	
Ambulation Methods	
Repositioning	
Other Physical Needs/Equipment	
Hygiene Needs/Toileting/Attends	
Likes/Dislikes - Important To/Important For	
Communication Methods	
Medication Admin and Storage (Routine & PRN) - Delegated Nursing (As Applicable)	
Diagnoses & Health Related Issues/Activities/Equipment	
Transportation Methods	
Day Program Location & Needs	
Assistance Needed in Community	
Contacts - Staff, Family, Volunteers, Other Agencies	
IP/ISP's (Read and Reviewed)	
Programs and Services (Read and Reviewed)	
All Documentation Requirements/Provide	
Money Management (If Applicable)	
Site Specific Fire & Emergency Response Training	
Final Day Check Off	
HCBS Waiver Training & NMT (Completed by Manager if applicable)	

I have received all applicable training listed and understand all information reviewed. ISP to be reviewed prior to working with assigned individuals and annually/upon revisions thereafter.

Staff Name/Printed	Staff Signature	Date Completed

Trainer Signature: _____ Date: _____