

Employee Program Training

To be completed for a new or transferring employee

Employee Name: _____ Program: _____

Trainers should initial and date after reviewing each item with the employee. Program Administrators must train on the **items. The Trainers, Program Administrator, and the employee should sign page 2 and page 4.

A. Documentation

1. Training on ISP

Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____

2. Training on BSP

Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____
 Client Name: _____

Initial: _____ Date: _____

3. Client Record including Person Centered Planning

4. "Provide" Computer Training

5. Other _____

B. Program Information

1. Respect conduct in an individual's home **

2. Location of house keys

3. Smoking Policy (Program Policies and Procedures #405)**

4. Storage of hazardous chemicals

5. Location of supplies: food, personal hygiene items, linens, housekeeping equipment

6. Staff Sleeping Location

7. Location of important numbers and contact procedures

8. Review of Telephone Use Policy (Administrative Policy #24) **

9. Contacting Supervisor **

Initial: _____ Date: _____

C. Emergency procedures

1. Location of meeting place, fire extinguisher (Program Policies and Procedures #402, #k404) **

2. Location of first aid kit and personal protective equipment

3. Location and explanation of electrical fuse or breaker box and main water shut off

4. Location and explanation of emergency radio, flashlight and supplies

5. Unusual incidents as applied to this location **

6. Other _____

Initial: _____ Date: _____

Household Issues

Meal planning

Grocery shopping

Food storage

Food preparation

Staff meals **

Cleaning procedure and household checklist

Reporting maintenance needs

Laundry procedures

Inventories: CLOL property, individual's personal possessions and clothing **

3. Care of pets

4. Other _____

Initial:

Date:

5. Community Access

6. Reporting plans to supervisor **

7. Proper use of personal vehicle, mileage forms, and reporting mileage **

8. Authorized use of the program's van **

9. Van operation: Checklist, mileage logs, gas purchases, and use of wheelchair lift

10. Supervised van operation

11. Assisting and supervising during activities **

12. Any health related items needed in the community, i.e. epi pen, inhaler, sunscreen **

13. Other _____

Initial:

Date:

14. Client Biographies: (Please complete and review the attached copies with the employee)

1. Client's Name: _____

2. Client's Name: _____

3. Client's Name: _____

4. Client's Name: _____

5. Client's Name: _____

6. Client's Name: _____

Initial:

Date:

Employee Signature _____

Date _____

Initials _____

PA's Signature _____

Date _____

Trainer's Signature _____

Date _____

Trainer's Signature _____

Date _____