Direct Care Staff Training Checklist

Facility Name:				Service Level		
Emplo	mployee Name:			Title:		
Date (of Hire:	(mo./day/year)				
1.	ON SITE ORIENTATION within the first 40 hours of employment : Trainer's Name				D .	
	٨	Capility was averaged acies	I rainer's	<u>Name</u>	<u>Date</u>	
	A.	Facility program design				
	В.	Individual program plan				
	C.	Client's rights regulations			<u></u>	
	D.	Medication assistance				
	E.	Health and emergency				
	F.	procedures Special incident reporting				
	G.	Client abuse identification reporting.				
II.	ON-THE-JOB TRAINING as necessary to carry out IPP objectives					
	No. of Hours			Topic	Date	
1.		_			·	
2.		_			·	
3.						