

Direct Care Staff Training Checklist

Facility Name: _____ Service Level _____

Employee Name: _____ Title: _____

Date of Hire: _____
(mo./day/year)

1. ON SITE ORIENTATION within the first 40 hours of employment:

	<u>Trainer Signature</u>	<u>Date</u>	<u>Staff Signature</u>
A. Facility program design	_____	_____	_____
B. Individual program plan	_____	_____	_____
C. Client's rights regulations	_____	_____	_____
D. Medication assistance	_____	_____	_____
E. Health and emergency procedures	_____	_____	_____
F. Special incident reporting	_____	_____	_____
G. Client abuse identification reporting.	_____	_____	_____

II. ON-THE-JOB TRAINING as necessary to carry out IPP objectives

	Date	Trainer's Name	Topic	Staff Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____