

Annual Person-Specific Training* and Employee Learning Goal

Person Supported:

Record Number:

DOB:

Guardian:

Telephone:

Address:

Diagnoses:

Allergies:

Medications and side effects:

Medical concerns:

Use of adaptive equipment, transfers and/or carriers:

Communication strategies:

List two things the individual likes:

List two things the individual dislikes:

What are two ways that you know the individual is becoming upset/frustrated:

Risk of elopement or self-harm:

What is important to the individual:

What type of positive reinforcements work best for this individual:

What can prevent a crisis (is physical intervention approved?):

I understand that my employer will provide supervision monthly. I want to learn about the following topic and will share what I learn in the following way:

Staff Printed Name

Staff Signature

Date

EOR Printed Name

EOR Signature

Date

***In addition, these trainings must be completed each year:**

Client Rights

HIPPA and Confidentiality

CPR (biannual)

Medication Administration (if necessary)

BBP

Crisis Prevention/Intervention