

3.1.0 GENERAL ORIENTATION CHECKLIST

Name _____ Date began work _____

The coordination for the completion of this training checklist is the responsibility of the trainee's direct supervisor. The completion of the training and this checklist is the trainee's responsibility.

The following training must be completed by all trainees within 30 days or prior to working alone with an individual in services.

	Date Completed	
1. Individual Choice & Rights	_____	
2. Confidentiality/HIPPA	_____	
3. Code of Ethics	_____	
4. Abuse & Neglect	_____	
5. Universal Precautions/Infection Control	_____	
6. Emergency Procedures	_____	Training Report form required
7. First Aid	_____	Training Report form required
8. CPR	_____	Training Report form required

*** Individual medical & safety protocols are individual specific and must be reviewed with each trainee as necessary before they work alone with the individual. Training Report or additional activity form required.

The following trainings are required of all trainees and will be completed within the first 180 days.

	Date Completed	
1. Introduction to Developmental Disabilities	_____	
2. Introduction to the ISP Process	_____	
3. Introduction to Habilitation	_____	
4. Valued Role Enhancement (Age-Appropriate Activities)	_____	
5. Management of Personal Funds	_____	
6. RVS Central Office Orientation – Day One	_____	Training Report form required
7. RVS Central Office Orientation – Day Two	_____	Training Report form required
8. Emergency Safety Interventions / Pos. Support Tech	_____	Training Report form required

*** Individual emergency safety interventions and adaptive/augmentative devices are individual specific and must be reviewed with the trainee as necessary to support individuals they work with. Training Report or additional activity form required.

The competency assessments for the above training will be attached to this form (Training Report forms are not required unless noted).