

ADULT SERVICES ~PLAN OF TRAINING ~

Employee: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position: \_\_\_\_\_

The employee's supervisor will be responsible for arranging/providing the training. The supervisor will observe employee and verify via initials the employee's competency in the specified area.

	<b>FIRST YEAR</b>	<b>SECOND YEAR</b>	<b>THIRD YEAR</b>	<b>FORTH YEAR</b>	<b>FIFTH YEAR</b>
	<b>Employee:</b> _____	<b>Employee:</b> _____	<b>Employee:</b> _____	<b>Employee:</b> _____	<b>Employee:</b> _____
	<b>Supervisor:</b> _____	<b>Supervisor:</b> _____	<b>Supervisor:</b> _____	<b>Supervisor:</b> _____	<b>Supervisor:</b> _____
	<b>Date reviewed:</b> _____	<b>Date reviewed/updated:</b> _____	<b>Date reviewed/updated:</b> _____	<b>Date reviewed/updated:</b> _____	<b>Date reviewed/updated:</b> _____
	<i>8 hour orientation (first 90 days)</i>	<i>Rights</i>	<i>Rights</i>	<i>Rights</i>	<i>Rights</i>
	<i>On the job training in re each person served</i>	<i>MUI and Alerts</i>	<i>MUI and Alerts</i>	<i>MUI and Alerts</i>	<i>MUI and Alerts</i>
	<i>Eight hours of training specific to adult services</i>	<i>Behavior Supports</i>	<i>Behavior Supports</i>	<i>Behavior Supports</i>	<i>Behavior Supports</i>
	<i>Mentor Assigned</i>	<i>Best Practices in Adult Services</i>	<i>Best Practices in Adult Services</i>	<i>Best Practices in Adult Services</i>	<i>Best Practices in Adult Services</i>
	<i>Name of Mentor:</i> _____	<i>Employment First</i>	<i>Employment First</i>	<i>Employment First</i>	<i>Employment First</i>
	<b>Additional Training</b>	<b>Additional Training</b>	<b>Additional Training</b>	<b>Additional Training</b>	<b>Additional Training</b>