



## REGION V SERVICES - 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. First Aid	_____	Training Report form required
7. Emergency Procedures	_____	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.

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**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.

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