Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: \_\_Employee \_\_Contractor \_\_Volunteer \_\_Student

\_\_\_\_10\_\_\_\_\_\_\_\_\_Orientation Books to complete. Please sign Training Sign-in Sheets.

|  |  |
| --- | --- |
| **Supervisor’s Initial****(When Completed** ) | **Orientation Topics** |
|  | Individual Specific Training (Four forms for each client) |
|  | Orientation Manual for Direct Support Professionals & Supervisor  |
|  | Universal Precautions  |
|  | Rights of Adults in care  |
|  | OSHA |
|  | Human Rights  |
|  | Abuse, Neglect & Exploitation  |
|  | Infection Control (Pandemic) Covid 19  |
|  | HIPAA Privacy P & P  |