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 |