

Progress Inc.
Client Training Specific Check-Off Sheet

Person Supported: _____
 Revision Date: _____
 ISP Effective Date: _____

Subject Trained	YES	NO	N/A
INTRODUCTION			
ISP, MONTHLY SUMMARY, STAFF ACTIONS NEEDS, DOCUMENTATION			
COMMUNICATION			
THINGS PERSON MUST HAVE IN THEIR LIFE			
HEALTH ISSUES / SEIZURES			
POSITIONING AND MOBILITY			
PERSONAL CARE NEEDS			
EATING AND NUTRITION NEEDS; LIKES AND DISLIKES			
BEHAVIOR SUPPORT ISSUES AND DOCUMENTATION			
SUPERVISION			
SAFETY ON COMMUNITY OUTINGS			
MEDICATION: ADMINISTRATION, EFFICACY, POTENTIAL SIDE EFFECTS, CONTRAINDICATIONS, DOCUMENTATION, STORAGE			
EMERGENCY CONTACTS AND PROTOCOL			
VAN DRIVING			
WHEELCHAIR LIFT AND TIE-DOWNS			
BEHAVIOR SUPPORT PLAN (BSP)			
THERAPY PLANS			
"CLIENT CENTERED" THINKING AND DAILY NOTE WRITING			
ANY OTHER NEEDS?			

TRAINEE: (print) _____ DATE

(sign) _____

TRAINER: (print) _____ DATE

(sign) _____