**PARTICIPANT SPECIFIC TRAINING FORM**

Name of Participant: IPC Start Date**:**

Training: IPC review Revised IPC review IPC Revision Start Date:

Initial specific trainings received. Please include specific participant details addressed in space provided in each section. Please be aware that reading the IPC without active trainer interaction does not constitute adequate training.

\_\_\_\_A. General overview of IPC **(IPC document, individual preferences, needs and risks)**

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_B. Mealtime plan or guidelines and relevant protocols

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_C. Mobility, positioning needs, skin integrity needs, and relevant protocols

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_D. Supervision needs

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_E. Use and maintenance of adaptive equipment, and relevant protocols

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_F. Health, safety or medical concerns, needs and/or protocols, such as seizures, seizure protocols, diabetes, insulin procedures, allergies, etc.

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_G. Medication and medication assistance, including Medication Assistance Record (MAR) and possible side effects; **Staff must have Medication Assistance Training before assisting with any type of medication, including over the counter medication.**

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_H. Behavioral needs; positive behavior support plan, if applicable

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_I. Rights and restrictions specific to participant

Training Received:  Face-to-face discussion  Demonstration  Other

\_\_\_\_J. Participant goals and objectives

Training Received:  Face-to-face discussion  Demonstration  Other

Please initial to acknowledge:

**\_\_\_\_\_\_** I have received the training indicated above, and have had all of my questions answered.

\_\_\_\_\_\_ I have received training on participant protocols, and have had all of my questions answered.

\_\_\_\_\_\_ Based on the training I have received, I feel prepared to provide services to the participant listed above.

Training Date

If date of training is after IPC start date, please explain why (IPC Modification, new provider, etc): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Trainee Printed Name and Title

Trainee Signature

Trainer’s Printed Name and Title

Trainer’s Signature

*Training Records shall be available for Division and other monitoring agencies upon request.*