

# RESIDENTIAL SERVICES ORIENTATION

(Orientation must be completed prior to the employee working more than 40 hours.)

**By my signature below I agree that I have received orientation training in the following areas:**

SUBJECT	DATE	TRAINER INITIALS
<b>1.) Facility Program Design</b>		
<b>2.) Consumer IPPs</b>		
<b>3.) Consumer's Rights Regulations</b>		
<b>4.) Assistance With Prescribed Medications</b>		
<b>5.) Health And Emergency Procedures Including Fire Safety</b>		
<b>6.) Special Incident Identification And Reporting</b>		
<b>7.) Consumer Abuse Identification And Reporting</b>		

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Trainer's Name (please print)

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Trainer's Name (please print)

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Administrator's Signature

(This form will be maintained in the employee's personnel file.)