



IN HOME TRAINING SHEET

Employee Name:		Employee ID#:	
Position:	<input type="checkbox"/> PCA <input type="checkbox"/> COMPANION <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RESPITE		
Client Name:			

Date	Day of week	Shift	Time In	Time Out	Total Hours	Client Initial
	Monday	1				
		2				
		3				
	Tuesday	1				
		2				
		3				
	Wednesday	1				
		2				
		3				
	Thursday	1				
		2				
		3				
	Friday	1				
		2				
		3				
	Saturday	1				
		2				
		3				
	Sunday	1				
		2				
		3				

Employees will receive \$9.50 per hour for In Home Training

Employee signature _____ Date _____

Orientation Personnel signature _____ Date _____

Orientation Personnel signature _____ Date _____

By signing this document all staff are in agreement that the orientation process for this client has been completed and the employee has been orientated to the needs of this client and may work independently. It is also noted that by signing this document the orientation hours have been worked and are approved.

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RN Supervisor signature _____ Date _____

Expectations from the Agency and training guidelines for our clients, staff and training the new staff.

Day One/shift 1: New staff are to watch cares and the tasks are explained to the new staff, by the orientating staff.

Day Two/shift 2: New staff perform the cares and tasks with guidance from the orientating staff.

Day Three/shift 3: New staff perform all cares and tasks independently. Orientating staff are there observing the new staff, may assist with questions and/or safety issues.

This is the third day/plan: if the new staff feel comfortable and safe with all requirements of the shift. Also if the client feels safe and comfortable with the new staff working independently. The orientation staff is signing off the training sheet that these requirements are completed.

*****Before you leave the home,** the office is to be called to be informed that the new staff can or cannot work independently. If they are not comfortable then more training will be arranged.

*****Transfers/cares** if a client is not in the need for a transfer and/or certain care that is normally required
example: toileting, going to bed etc. the orientation must still be done.

The client will have to pretend there is the need in order to have the training take place to keep everyone safe.

We need everyone to be involved with the training: the clients, staff, new staff, nurses and office to be successful and keep everyone safe and on schedule.

Any questions please call the office 507-214-8007

Sincerely,
Lori Mortensen