Summit Pointe IPOS Staff Training Documentation

| Customer Name: | | Cus | stomer SPOT ID#: | |
|-----------------------------|-------------------|---|-------------------------------|--|
| Treatment Plan Effectiv | ve Date: | | | |
| Case Manager: | | | | |
| Delegated CSM to com | plete In Se | ervice: | | |
| Date that Delegated CS | SM was tra | ined by Author: | | |
| ☐ CB CLS Provider [| ☐ Spec Re | s Provider \square Skill Building Provide | er 🔲 SIL/In Home CLS Provider | |
| Lead Staff Trained Nam | ne and Title | e: | | |
| Provider Name: | | | | |
| Date Lead Staff Trained: | Staff Initials | Lead Staff Trained Signature: | Signature of Case Manager: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date Staff Trained: | Staff Initials | Staff Signature: | Signature of Trainer: | |
| Date Staff Trained: | | Staff Signature: | Signature of Trainer: | |
| Date Staff Trained: | | Staff Signature: | Signature of Trainer: | |
| Date Staff Trained: | | Staff Signature: | Signature of Trainer: | |
| Date Staff Trained: | | Staff Signature: | | |
| Date Staff Trained: | | Staff Signature: | | |
| Date Staff Trained: | | Staff Signature: | | |
| Date Staff Trained: | | Staff Signature: | | |
| Date Staff Trained: | | Staff Signature: | | |
| Date Staff Trained: | | Staff Signature: | | |

*Lead Staff should be anyone in a managerial position who oversees direct care workers.

^{*}Signatures indicate that Lead Staff/Staff have been trained on the goals and objectives written in the IPOS by the case manager, and are capable of running the goals and objectives as written.

^{*}Lead staff are responsible to ensure that all new staff are trained on IPOS goals and objectives before running any treatment plans.

^{*}A copy of this document needs to be with the provider, to ensure that trainings are kept up to date. Please keep this document in the customer's file for auditing and monitoring purposes.