



## Individual Plan of Service Training Log

The Individual Plan of Service Training Log serves as a training record to evidence Aide-Level Staff’s ability to implement the supports and services identified in the Individual Plan of Service (IPOS). A copy of the completed IPOS Training Log must be retained in the person’s served electronic medical record (FOCUS).

**Section 1** of the form is to be completed by the Primary Case Holder each time there is a new or existing staff who must be trained on the person’s served Initial IPOS, Amendment, Periodic Review, Crisis Plan or other change to the Plan that impacts the delivery of a service being provided. *Staff documented as trained in this section of the form are considered “Certified Trained Staff” and can use the Train-the-Trainer Approach in Section 2.*

**Section 2** of the form **only** needs to be completed upon receipt of an inter-agency training using the Train-the-Trainer Approach. Staff members who conduct the training must be listed in Section 1 as “Certified Trained Staff”.

| <b>Section 1: Primary Case Holder Treatment Plan Training</b>                                                                                                                                                                                  |                                    |                                                   |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|---------------|
| <b>**The following staff were trained by the Primary Case Holder on this Person Served Treatment Plan on the training date(s) listed below. These Staff are now Certified to use the Train the Trainer Approach to train additional Staff.</b> |                                    |                                                   |               |
| <b>Today’s Date:</b>                                                                                                                                                                                                                           | <b>Location:</b>                   |                                                   |               |
| <b>Person Served Name:</b>                                                                                                                                                                                                                     | <b>Primary Case Holder Name:</b>   |                                                   |               |
| <b>Case#:</b>                                                                                                                                                                                                                                  | <b>Primary Case Holder Agency:</b> |                                                   |               |
| <b>Plan Effective Date:</b>                                                                                                                                                                                                                    | <b>Plan Expiration Date:</b>       |                                                   |               |
| <b>Reason for Training (Please check all training categories that apply):</b>                                                                                                                                                                  |                                    |                                                   |               |
| <input type="checkbox"/> Annual IPOS <input type="checkbox"/> IPOS Amendment <input type="checkbox"/> Period Review <input type="checkbox"/> Crisis Plan <input type="checkbox"/> Other _____                                                  |                                    |                                                   |               |
| Certified Trained Staff Name & Signature                                                                                                                                                                                                       | Signature Date                     | Primary Case Holder Name, Credentials & Signature | Training Date |
|                                                                                                                                                                                                                                                |                                    |                                                   |               |
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| <b>Section 2: Train-the-Trainer Treatment Plan Training</b>                                                                                                                                                                                    |                                    |                                                   |               |
| <b>**The following staff were trained by Certified Staff on this Person Served Treatment Plan on the training date(s) listed below.</b>                                                                                                        |                                    |                                                   |               |
| Aide-Level Staff Name & Signature                                                                                                                                                                                                              | Signature Date                     | Certified Trained Staff Name & Signature          | Training Date |
|                                                                                                                                                                                                                                                |                                    |                                                   |               |
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