



Individual Plan of Service and Behavior Intervention Plan Training Log

The Individual Plan of Service Training Log serves as a training record to evidence Aide/Direct Care Worker-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) under Services/Planning > Other Service Planning Documents.

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, 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 "Trained Staff" and can use the Train-the-Trainer Approach in Section 2 if indicated in the 'Can Train Other' column. Only the Primary Case Holder can indicate the Train-the-Trainer Approach is permitted.*

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 "Trained Staff" and marked as 'Y' under the 'Can Train Others' column.

Section 3 of the form is to be completed by the Behaviorist each time there is a new or existing staff who must be trained on the Behavior Treatment Plan. Only the Behaviorist or appropriately credentialed individual (such as another Behaviorist or their supervisor, who is also a Behaviorist) can train on the Behavior Treatment Plan. The Train-the-Trainer approach is not acceptable.

Section 1: Primary Case Holder Treatment Plan Training				
<p>Location:</p>				
<p>Person Served Name:</p>		<p>Primary Case Holder Name:</p>		
<p>Case Number:</p>		<p>Primary Case Holder Agency:</p>		
<p>Plan Effective Date:</p>		<p>Plan Expiration Date:</p>		
<p>Reason for Training (Please check all training categories that apply):</p> <p> <input type="checkbox"/> Annual IPOS <input type="checkbox"/> IPOS Amendment <input type="checkbox"/> Periodic Review <input type="checkbox"/> Crisis Plan <input type="checkbox"/> Other _____ </p>				
Trained Staff Name & Signature	Can Train Others	Training Date	Primary Case Holder Name, Credentials & Signature	Training Date
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			
	Y__ / N__			

[illegible]