

**Group Home Training Attendance Tracking Form**

**Direct Care Employee Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

1. Trainer' signature DOES NOT indicate the person has passed the class – only that the person was present.
2. Home Managers: Do not use this sheet as proof of successful completion of a class. The official Relias/TBHS transcript is the only source of verification for completion information.

<b>Course</b>	<b>Date</b>	<b>Time in</b>	<b>Time out</b>	<b>Trainer's Signature</b>	<b>Break</b>
Basic Health					
CPR/AED/First Aid American Heart					
Culture of Gentleness					
Medication Administration					
Medication Skills Checkoff					
Medication Refresher					
WELLE Initial Training					
WELLE Update Training					
Recipient Rights Orientation					
Recipient Rights Update					
Vital Signs Initial					
Vital Signs Update					
Vital Skills Checkoff					
In-service					

**To the best of my knowledge, the dates and times are accurate.**

\_\_\_\_\_

**Direct Care Employee Signature**

\_\_\_\_\_

**Date**