

### Plan of Service – Initial In-Service/Training Form (A)

I acknowledge that I have been in-serviced/trained and understand the contents of the attached Document and agree to implement as written. I also agree to in-service/train the remainder of staff that need to be in-serviced/trained on this document prior to them working with the consumer.

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|--|--|-----------|
| Consumer:  | Consumer #:  | PCP Date: |
| Document:  | <input type="checkbox"/> Home/CLS <input type="checkbox"/> PIC/CLS <input type="checkbox"/> Skill Building <input type="checkbox"/> ABA Provider<br><input type="checkbox"/> Supported Employment <input type="checkbox"/> Other: _____  |           |
| Document Date:                                   | <input type="checkbox"/> SC <input type="checkbox"/> TCSM <input type="checkbox"/> ACT <input type="checkbox"/> HBS <input type="checkbox"/> RN<br><input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> PSY <input type="checkbox"/> RD <input type="checkbox"/> SLP |           |
| Trainer(s):<br>(Including Title and Credentials) |  |           |
| Trainee(s):<br>(Including Title)                 |  |           |
| Date of In-Service/Training:                     |  |           |

|              |           |      |
|--------------|-----------|------|
| Printed Name | Signature | Date |
| Printed Name | Signature | Date |
| Printed Name | Signature | Date |
| Printed Name | Signature | Date |
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