

IPOS In-service/Training Log for The Right Door for Hope, Recovery and Wellness

If more staff will be trained than will fit in the lines provided, make copies of the original document with "trainer" and "train the trainer" information before training. Names should not be added outside of the lines provided/allowed on one form. **KEEP IN-SERVICE LOG WITH THE COPY OF THE PLAN BEING REVIEWED.**

Person Served/Plan Information:

Provider Company Name:		
Plan Type: ___ CMH IPOS ___ Behavior ___ OT ___ Speech ___ Equipment ___ ABA		___ New Plan
Other:		___ Revised Plan
Person Served EHR ID#:	WSA #:	Person Served Initials:
Plan Start/Effective Date:		Plan End Date:

Trainer Information:

Name of Trainer	Trainer Signature

Train the Trainer Information:

Name of Supervisor/Staff Trained	Trained Supervisor/Staff Signature	Date	Trainer Initials

Staff Trained on Person Served's Plan (make copies of this form if more lines needed):

Name of Staff Trained (PRINT)	Staff Trained Signature	Date	Trainer Initials

