Summit Pointe IPOS Staff Training Documentation

Customer Name: _____ Customer SPOT ID#: _____

Treatment Plan Effective Date: _____

Treatment Plan Developer: _____

Lead Staff Trained Name and Title: _____

Provider Name: _____

Date Lead Staff Trained:	Lead Staff Trained Signature:	Signature of Trainer:
Date Staff Trained:	Staff Signature:	Signature of Trainer:

*Signatures indicate that Lead Staff/Staff have been trained on the goals and objectives written in the IPOS, and are capable of running the goals and objectives as written.

*Lead Staff should be anyone in a managerial position, who oversee direct care workers.

*Lead staff are responsible to ensure that all new staff are trained on IPOS goals and objectives before running any treatment plans.

*A copy of this document needs to be with the provider, to ensure that trainings are kept up to date. Please keep this document in the customer's file for auditing and monitoring purposes.