

Individual Support Plan Training Record

I was fully trained and understand the information presented to me in _____
(individual's name) Individual Support Plan dated _____ (implementation date).
This includes any and all attachments prepared by the provider(s) to include but not be limited to
the following:

- Individual Support Plan
- Individual Rights
- Implementation Strategies
- HCBS Participant Handbook
- Due Process Review
- Personalized Evacuation Plan and Supports
- Other (Specify): _____
- Other (Specify): _____
- Other (Specify): _____
- Other (Specify): _____

Trainer Signature

Trainer Print Name

Date

Employee Signature

Employee Print Name

Date
