



Individual Staff Training CHECKLIST



Employee's Name: _____

Date of Hire: _____

Job Title: _____

Department: _____

Annual Training (All Staff)

ALL Annual training needs to be completed w/in 1 year of previous years training.

- | | | |
|---|-----------------|-----------------------|
| <input type="checkbox"/> <u>Asbestos/Lead Paint Awareness</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Bloodborne Pathogens</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Crisis Intervention</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Disability</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>EO</u> (*Must be completed online in LMS) | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>HIPAA</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Complete</i> |
| <input type="checkbox"/> <u>Modeling, Mentoring, & Monitoring</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Nonhealth Standing Orders/SMG (non Wellness staff)</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Nutrition, Exercise, & Weight Management</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Quality Assurance</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Safe Driving</u> (including Texting while driving destroys lives)
*Must be completed online in Moodle for Staff Driving Center Vehicles | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Safety Awareness (2 hours)</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Sexual Harassment</u>
Civil Rights, including Religious Rights, Anti-Bullying Policy Code of Conduct & Ethics | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Supporting Students w/ Disabilities (Reasonable Accommodation)</u>
*Must be completed online in LMS | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |
| <input type="checkbox"/> <u>Water Safety/Recreation Safety</u> | _____ | _____ |
| | <i>Due Date</i> | <i>Date Completed</i> |

Adolescent Growth & Development

5 hours required annually for all staff.
List specific titles and dates

SafetyNet Toolkit**

_____	_____	3 hours
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hours</i>

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

****SafetyNet Toolkit is REQUIRED**

Online only: Must be completed in LMS

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

Professional Development

5 hours required annually for all staff.
List specific titles and dates

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

_____	_____	_____
<i>Name of training</i>	<i>Date Completed</i>	<i>Number of hour(s)</i>

Instructor ONLY:

Instructor Professional Development

5 hours required annually for all instructors. *Name of training* _____ *Date Completed* _____ *Number of hour(s)* _____

List specific titles and dates

_____ *Name of training* _____ *Date Completed* _____ *Number of hour(s)* _____

_____ *Name of training* _____ *Date Completed* _____ *Number of hour(s)* _____

CTT Hard Trade Instructors & Maintenance Staff ONLY:

Asbestos/Lead Paint Identification & Handling

_____ *Annual training* _____ *Date Completed* _____

Advanced Safety

_____ *Annual training* _____ *Date Completed* _____

Counselors & Residential Staff ONLY:

Small Group Facilitation Skills

_____ *Annual training* _____ *Date Completed* _____

Technology Training

_____ *Annual training* _____ *Date Completed* _____

Recreation staff ONLY:

Technology Training

_____ *Annual training* _____ *Date Completed* _____

Admissions & Career Transition Staff:

Interview Techniques

Admissions Counselors & CTS Specialist

_____ *Annual training* _____ *Date Completed* _____

Job Development Training

CTS Specialist

_____ *Annual training* _____ *Date Completed* _____

Eligibility Criteria

Admissions Counselors

_____ *Annual training* _____ *Date Completed* _____

Safety Officer ONLY:

Small Group Facilitation Skills

_____ *Annual training* _____ *Date Completed* _____

Asbestos/Lead Paint Skills

_____ *Annual training* _____ *Date Completed* _____

Advanced Safety

_____ *Annual training* _____ *Date Completed* _____

TABE Coordinator & Backup ONLY:

TABE Administration

& use of student testing system (STS)

_____ *Annual training* _____ *Date Completed* _____

Training as Needed

CPR

_____ *Due date. Needs renewed BEFORE expiration* _____ *Date Completed* _____

First Aid

_____ *Due date. Needs renewed BEFORE expiration* _____ *Date Completed* _____

By my signature, I acknowledge that I have been trained in the information on both sides of this document. I agree to direct any questions regarding the above to the HR department.

SIGNATURE

DATE