



Champlain Community Services

512 Troy Ave, Suite 1 Colchester, VT 05446
655-0511/655-5207

SPECIAL PROCEDURE TEACHING RECORD

Trainer's Name

Trainers Title (must be RN or MD)

Staff Name

Consumer Name : _____

Procedure: _____

_____ See attached for client-specific information

_____ Return Demonstration was satisfactory

_____ Above named staff is capable of performing procedure

_____ Special Care Procedure re-training will be done before or on this date _____.

Staff Signature

Date

Trainer Signature

Date