

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Trainer's Name

\_\_\_\_\_  
Individual's Name

\_\_\_\_\_  
Training Date

\_\_\_\_\_  
Training Time

Please indicate which settings/topics you participated in or were trained on today by checking off items in the list below:

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Care                  | <input type="checkbox"/> Swimming                                      |
| <input type="checkbox"/> Positive Beh. Supp. Strategies | <input type="checkbox"/> Medication Delegation (must be done by nurse) |
| <input type="checkbox"/> Seizure Protocol               | <input type="checkbox"/> Volunteering (Where?) _____                   |
| <input type="checkbox"/> Community Inclusion            | <input type="checkbox"/> Work(Where?) _____                            |
| <input type="checkbox"/> Exercise                       | <input type="checkbox"/> Other: _____                                  |

1. Would you be comfortable working with this individual 1:1 in the settings you participated in today?  
Yes No
2. Would you be comfortable working with this individual 1:1 in other community support or vocational support settings that you did not participate in today?  
Yes No
3. Have you received and reviewed a copy of the individual's ISA and EFS?  
Yes No
4. Would you be comfortable providing hourly or overnight respite for this individual? (This is not asking if you are available to do so, only if you would be comfortable based on your training.)  
Yes No

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Signatures

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

**Trainer:** Do you feel this staff is ready to support the individual 1:1 after this training?

Yes No

**Individual:** Would you feel comfortable having this new staff person work with you after this training?

Yes No

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

Further support or training needed (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

For Service Coordinator Use Only

Comments

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trained                  | More Training Needed     | Entered in Database      |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Champlain Community Services

## *Cross Training*

### *Remember:*

*Introduce yourself to the individual at the beginning of the cross-training session. Explain that you are going to work with them today so you can get to know them better and that you might work with them in the future.*

*If you have the opportunity to meet the individual's guardian, family or home provider, make sure you introduce yourself and explain why you are working with the individual. You should also do this with other significant people in the individual's life, such as their supervisor at work.*

*Ask the individual your questions and get to know them, not just "their program".*

*Often individuals have difficulty with communication that makes information gathering during a cross-training session difficult. This can be overcome by asking the individual if they mind you talking about them with their regular staff person in their presence. If they say they don't mind, remind them that they can ask you to stop at any time. Make sure you thank them for letting you get to know so much about them and that you acknowledge that having an extra person around all day can be uncomfortable.*

*Be discreet and maintain confidentiality with your communication. At times that you are exchanging confidential information (medical, personal care, diagnosis, family history/makeup, living situation) make sure that you are in a private space where other's can't hear you. It is OK to discuss support strategies pertinent to the current situation (i.e. talking about how to support the individual at work would be OK while they are at work, but not while eating lunch in a public space).*

*Your goal is to develop a relationship with and knowledge of this individual so you are both comfortable 1:1 in any setting. Therefore, make sure you get as much detail as possible from the individual and their regular staff about personal care, communication, safety issues, supervision needs, ISA goals, support strategies, likes/dislikes, importance of routine/schedule, documentation, etc. Also make sure that the individual has an opportunity to ask you relevant and appropriate questions so that they are comfortable with you.*

*Ask for details about activities that happen other times with this individual (i.e. you are cross-training on Monday, but make sure you know about activities that happen on other days as well).*

*Be an active learner – don't just watch, do. Ask the regular staff to let you do personal care activities, transfers, transportation etc. with their guidance and support.*

*After your training today, please answer the questions on the back side of this form. If you answer "No" to any questions, please explain what supports or training you need to make your answer a "Yes".*