

UCP– Training Verification Form

UCP maintains responsibility to ensure that Respite Providers and Inclusion Facilitators are sufficiently trained to meet the expectations and responsibilities of their position. UCP employees should contact the assigned Service Coordinator of the person they care for if additional training is needed at any time or if they have any additional questions.

A summary of what to expect while being trained directly on how to support and care for a client is included in the client’s Respite Care Plan or Youth Resources Profile. These documents are an addendum and extension to the general Respite Provider and/or Inclusion Facilitator job descriptions. While being trained, UCP employees should review the clients Respite Care Plan or Youth Resources profile with the designated trainer, as well as the household training checklist (if care is being provided in the client’s home). These documents will be provided at orientation or by the Service Coordinator at the time of a new client/employee match. Additional copies can be requested from the client’s Service Coordinator at any time. UCP employees should not work with a client independently or without immediate support available until training is completed.

Due Date: This form must be submitted following your last training shift. (Please indicate in the Sandata Mobile Connect App which shifts included training by typing the word “training” in the notes tab for the shift.) UCP is required to have proof of training on file for each UCP employee or volunteer that works with a client. Completion of this form is a condition of on-going employment for UCP employees.

UCP Employee (Trainee) Name: _____
Client Name: _____

Who provided the training (Trainer)? _____

Training Date(s): _____

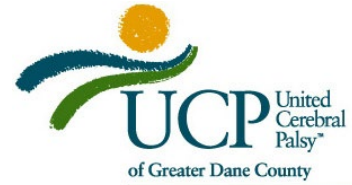
Total hours of training: _____

Signing below verifies that both the UCP employee and the trainer agree that the UCP employee named above has received the necessary direct care and hands-on training to offer safe and competent care based on the expectations outlined in the client’s Respite Care Plan or Youth Resources Profile.

Employee Signature: _____ **Date:** _____

Trainer Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____



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