Participant Specific Training Certification

This form is completed for those who provide in-home services such as Child Care, Daily Living Skills, Mentoring, and/or Respite. The Parent/Employer is to train the Employee/Provider on the below topics.

Based on experience, education, and/or training, _____(employee) meets the knowledge and skill level required for direct services through a fiscal agent to enable them to competently work with the Participant to meet the objectives and goals.

Please check the boxes below to indicate the training completed. Any box/skill left blank must result in training before employment may start. Return completed form to fiscal@iLIFE.org.

Name of Child Receiving Services: _____

Knowledge/skill level required	Complete:
Policies, procedures, and expectations of the employer, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.	☐
Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth named above.	☐
Recognizing and appropriately responding to all conditions that might adversely affect the person's health and safety including how to respond to emergencies and critical incidents.	☐
Developing interpersonal and communications skills that are appropriate and effective for working with the child or youth named above.. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people including: family and other providers; conflict resolution skills; and other topics relevant to the specific population to be served.	☐
Understanding of all confidentiality and privacy laws and rules.	☐
Understanding work place injuries and Workers Compensation	☐
Understanding of procedures for handling complaints.	☐
Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.	☐
Understanding the personal health and wellness-related needs of the person needing supports including nutrition, dietary needs, exercise needs, and weight monitoring and control.	☐
Any other training or notes: _____ _____	

We the Employer and Employee agree that the above training has been completed.

_____ Parent/Employer Signature

_____ Employee Signature

_____ Date