**Training Documentation Form - BSS**

The Behavioral Assessment Report dated       for       (Name), whose DOB is:       has been reviewed with me. This person’s ISP, including the Strategies Summary that recaps the Behavioral Assessment recommendations, has also been reviewed with me and I understand the information to the best of my ability.

I have received training on how to teach replacement skills and how to properly use the important general preventives & interventions and the HRC-approved restrictive supports (if applicable) that are designed to help       (Name) be successful, minimize risk, and avoid legal sanction. I have also been trained on data collection and schedule of reviews for these support strategies. I know that it is MY responsibility to receive additional training as needed so that I understand the policies and procedures outlined in the most current FCBDD Behavioral Support Procedures Manual.

If I have additional questions or concerns, I should contact       (Behavioral Specialist’s Name) at       (Phone #, e-mail).

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| **Printed Name** | **Date** | **Title** | **Signature** |
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