

OPWDD Self Direction Employee Time Sheet/Training Requirement

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| Fiscal Employer Agent | Support-Link, Inc. | Employee's Name | |
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Please initial the boxes for the corresponding training items once you have completed them.

| Date: Month/Day/Yr | Self-Direction Training Topics Completed | Initials |
|-----------------------|--|----------|
| | Relating to People with Disabilities | |
| | Life Skills Training | |
| | Transfer Training | |
| | Fire Safety: Level One Module One (Powerpoint) | |
| | Fire Safety: Level One Module Two (Powerpoint) | |
| | Fire Safety: Level One Module Three (Powerpoint) | |
| | Fire Safety: Level One Module One (Youtube) | |
| | Fire Safety: Level One Module Two (Youtube) | |
| | Fire Safety: Level One Module Three (Youtube) | |
| | Fire Safety: How to Use a Portable Fire Extinguisher (Youtube) | |
| | Mandated Reporter Training | |
| | Corporate Compliance | |
| | Practice: Timesheet | |
| | Practice: Mileage | |
| | Practice: Daily Action Sheet | |
| | Handbook | |
| | Website Scavenger Hunt | |