In-service/Training Log for the CMHPSM - CMH Agency: _____

If more staff will be trained than will fit in the lines provided, make copies of the original document with "trainer" and "train the trainer" information before training. Names should not be added outside of the lines provided/allowed on one form. KEEP IN-SERVICE LOG WITH THE COPY OF THE PLAN BEING REVIEWED.

Consumer/Plan Information:

Provider Company Name:			
Plan Type: ___CMH IPOS ___Behavior ___OT ___Speech ___Equipment ___ABA Other:			____New Plan ____Revised Plan
Consumer EHR ID#:	WSA #:	Consumer Initials:	
Plan Start/Effective Date:		Plan End Date:	

Trainer Information:

Name of Trainer	Trainer Signature

Train the Trainer Information:

Name of Supervisor/Staff Trained	Trained Supervisor/Staff Signature	Date	Trainer Initials

Staff Trained on Consumer's Plan:

Name of Staff Trained (PRINT)	Staff Trained Signature	Date	Trainer Initials