

**TRAINING DOCUMENTATION FORM FOR  
PARAPROFESSIONAL STAFF / FAMILY**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Corporation / Home Name: \_\_\_\_\_

Trainer Signature and Credentials: \_\_\_\_\_

Topic / Issues Discussed: (Please list)		
Attendee Signature	Printed Name	Title

**Routing:**

Original to consumer record (via scanning by HID)

Copy to Provider Agency to maintain Training Records

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Case Number: \_\_\_\_\_