

Technician Cell #: _____ Orientation Time: _____

Supervisor In-Home Orientation

Client: _____

Technician: _____

Date: _____

1. Discussed and demonstrated lesson on each goal. ___
2. Identified family trainer and described role to parent and tech. ___
3. Identified supervisor and described role to parent and tech. ___
4. Addressed questions relating to policies discussed at the in-office training, including:
 - a. timesheet and payroll procedure. ___
 - b. data collection ___
 - c. distribution of medications ___
(We can't give medications under any circumstance.)
 - d. attendance ___
 1. procedures in case of absence
 2. attempt to make up missed sessions
 3. maintain at least a 90% attendance rate
 - e. community. ___
 1. Limit community to child's yard and walking trips to child's immediate neighborhood for first two weeks.
 2. All documents need to be completed by family before community trips can begin (ie. Emergency contact info, Permission to transport).
 - f. content areas of binder ___
5. Provided additional information specific to the client relating to strategies discussed during the in-office training, including:
 - a. effective reinforcers ___
 - b. schedules and consistency ___
 - c. warning signs of escalating behavior ___
 - d. strategies for redirecting behavior ___
 - e. teaching replacement behaviors ___

Technician signature: _____

date: _____

Signature of supervisor: _____

date: _____