

Service Specific Training

for Self-Administered Service Employees

Date: _____

For: _____

Prepared by: _____

Important information to know when providing services.

1. Medication Taken

Medication Name	Purpose	Possible Side Effects

2. Instructions for supporting medication:

3. Physical Needs (list any illness, diagnosis, etc. the employee should be aware of when supporting the person.)

4. Dietary concerns or allergies (Note item and reaction):

5. Important Health Needs:

6. Special instructions for eating or swallowing:

7. Note age appropriate activities and or relationships important to the person.
(Age appropriate refers to activities that are similar to what peers at the same age may enjoy)

8. Things the person likes:

9. Physical limitations and concerns or equipment needs: (refer to the How to Use Equipment form if needed)

10. Discuss how the person's preferred recreational and leisure activities can be developed? (This may be included on the Support Strategy)
