EARLY INTERVENTION STAFF DEVELOPMENT LOG

Employee's Name:		**Date of Hire:**	
Title:		**Criminal Record Check:**	
Education/Credentials:		**Childline/Abuse Clearance:**	
Agency:		**FBI Clearance:**	
		☐ **YES** ☐ **NO**	

1. REQUIRED ANNUAL TRAININGS:

Title/Topic	**Trainer** **V = video A = article** **R = reading packets**	**Date**	**Hours**
a. Cultural Competence			
b. Mediation			
c. Procedural Safeguards			
d. Universal Health Precautions			
e. Fire Safety			
f. Emergency Evacuation			
g. First Aid (list expiration date)			
h. Infant/Child CPR (list expiration date)			
i. Transition			
j. Mandated Reporting			

2. OTHER TRAININGS/CONFERENCES ATTENDED:

Title/Topic	**Trainer**	**Date**	**Hours**

3. VIDEOS/ARTICLES:

Title/Topic	**Trainer** **V = video A = article R = reading packets**	**Date**	**Hours**

TOTAL:

Employee's Signature:_____ Date:_____

Supervisor's Signature:_____ Date:_____

County Review:_____ Date:_____