

Consumer Directed Services

Management and Training of Service Provider

Service Provider Name (Employee)

First Day of Work

Annual Evaluation Due Date

Name of Individual Receiving Services

Program

Services Delivered

Name of Consumer Directed Services Employer

I. Purpose This form should be used to document initial training and any other counseling or evaluation meetings.

Initial Orientation Ongoing Training

Evaluation

30-Day 3-Month 6-Month Annual Other

If Other

Supervision

Verbal Warning: First Second Third Other

If Other

Written Warning: First Second Third Other

If Other

Conflict Resolution Other

If Other

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: (Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)

III. Evaluation/Performance Review:

IV. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan:

V. Service Provider Comments:

Signature of Service Provider

Date

This document has been reviewed with the service provider listed above.

Signature of Employer

Date

Signature of Witness

Date

Date sent to FMSA:

Date received by FMSA: