

## Individual Specific Training Trainer Designation Record

Name of Individual: \_\_\_\_\_

The team members listed below have been designated as trainers for the following elements of the \_\_\_\_\_ plan:

Name of Team Member	Elements (i.e. parts of plan)	Conditions (i.e. materials)

Name of Therapist/Behavior Support Consultant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Designated: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Name of Designated Trainer(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Designated: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Designated: \_\_\_\_\_

*Note: This document should be placed in the personnel file of each team member. This document needs to be updated annually.*

