

## Behaviour Support Plan Training Acknowledgement

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I, \_\_\_\_\_ hereby acknowledge that I was trained to the following Behaviour Support Plans:

Initial of Client	Title or Version Date	Date Trained	Employee Signature	Trainers Signature

By signing above I understand my responsibility to:

- Implement the Behaviour Support Plan(s) as written
- Complete documentation as required
- Review the written documents monthly to ensure continued familiarity and understanding
- Ask questions of the Team Manager or Area Coordinator
- Provide feedback to the Team Manager or Area Coordinator for the purpose of review

Binder(s):	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Responding to Behaviours of Concern	A	Jul 29/15	R/R	Jun 15/17		
Program Area(s):	Adult Services, FSS/Disability						