

## **Service Orientation Checklist – Children’s Disability Services**

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Child’s Name: \_\_\_\_\_

Name of Employee Completing Orientation: \_\_\_\_\_

<b>Check those that apply</b>	<b>Policy Orientation</b>
	Conflict of Interest Policy and Procedure
	Confidentiality Policy and Procedure
	Code of Ethics Policy and Procedure
	Addressing Concerns
	Medication Policy and Procedure
	Documentation Policy and Procedure
	What You Need To Know About Abuse
	ASC Workplace Culture

**SIGNATURES:**

\_\_\_\_\_

Parent / Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Coordinator

\_\_\_\_\_

Date

Binder(s):	Family Support Services				Page:	1 of 1
Section(s):	Entry/Exit	A	May 29/14	R/R	Apr 18/18	
Program Area(s):	Family Support Disability					