



VCU

College of Health
Professions
Gerontology



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

09/10/2018 • Individualized Service Plan

TRAINEE TASK RECORD: ISP Training Program

Trainee's Name: _____

Place a check beside the task to indicate that the trainee has completed the task in an acceptable manner and displays an understanding of the training concept and/or has actively participated in the activity.

DUTY AREA 1: Private Pay Uniform Assessment Instrument Training

Task:	Date of Completion
1.1 Successful completion of the online Private Pay Uniform Assessment Instrument Training. Please note date of completion in the column:	_____

DUTY AREA 2: Individualized Service Plan Training

Tasks:	Instructor's Initials and Date
2.1 Review of Standards related to ISPs.	_____
2.2 Review of meaning of significant change.	_____
2.3 Review the answers to the questions on Slide #30.	_____
2.4 Review of the Technical Assistance for ISP Standards.	_____
2.5 Writing out individualized services activity (Slide #60).	_____
2.6 Mrs. Simms practice ISP.	_____
2.7 Flora Adams practice ISP.	_____

I understand these tasks and procedures and feel comfortable performing them.

Student Comments:

Student Signature

Date

Instructor's Signature

Date

Administrator's Signature (optional)

Date