

95 Main Street, Suite 1B P.O. Box 897, Auburn ME 04210 Phone: (207) 241-0424 Fax: (207) 241-0517

DSP Shadowing Checklist

The new employee and the supervisor shall sign their initials to the relevant box and indicate the date the item was covered and completed.

DSP Shadowing Checklist			
Name:	Program:		
Supervisor:	Date:		
		T =	
Job Description		Staff	Supervisor
Introduction to residents and other staff			
DSP Expectations Review: Discuss confidentiality and staff communication/ Review "Employment First" Slides on the computer			
Weekly schedule			
Introduction to Personal Centered Plans: Review Residents' PCP to know about the residents			
Documentation: Complete documentation on Therap (ISP Data). Challenging Behaviors, Prevention Strategies			
Review Daily Routine Checklist			
Intro to the Home			
Learn special safety considerations of the home. Review Emergency Procedures			
Location of Essential Items - Phone and Emergency contact numbers - Location of Residents' Binder - Location of Medication Boxes - Location of Resident money (Bento Cards) and he Housekeeping and Laundry	ow to use them.		
Medications (CRMA)			
 Review MAR in Therap Know Pharmacy use and contact information Review and sign medication administration policies and procedures. 			
By signing below, I acknowledge I have completed th	e above during the Job Sh	adowing.	
New Staff Signature	Supervisor Signature		