Coaching Check List

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started \_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_ Total Time to Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date Modeled | NS | C | Date Practice | NS | C | Date Demo | NS | C |
| Introductions |  |  |  |  |  |  |  |  |  |
| Individuals |  |  |  |  |  |  |  |  |  |
| Staff |  |  |  |  |  |  |  |  |  |
| Daily routines |  |  |  |  |  |  |  |  |  |
| Job Expectations |  |  |  |  |  |  |  |  |  |
| Phones |  |  |  |  |  |  |  |  |  |
| Documentation |  |  |  |  |  |  |  |  |  |
| Emergency preparedness |  |  |  |  |  |  |  |  |  |
| IISP |  |  |  |  |  |  |  |  |  |
| PBSP |  |  |  |  |  |  |  |  |  |
| Food preparation |  |  |  |  |  |  |  |  |  |
| Medication administration |  |  |  |  |  |  |  |  |  |
| Medication 5 rights and MARS |  |  |  |  |  |  |  |  |  |
| Personal Care |  |  |  |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |  |  |  |
| Cleaning (no bleach) |  |  |  |  |  |  |  |  |  |
| Cleaning expectations |  |  |  |  |  |  |  |  |  |
| Infection control |  |  |  |  |  |  |  |  |  |
| Abuse and neglect |  |  |  |  |  |  |  |  |  |
| Incident Reports |  |  |  |  |  |  |  |  |  |
| Daily Logs |  |  |  |  |  |  |  |  |  |

New Hire Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Coach Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_