

**DIRECT SUPPORT PROFESSIONAL  
ON-SITE ORIENTATION**

Direct Support Professional Name: \_\_\_\_\_  Full-Time  Part-Time

Facility Name: \_\_\_\_\_ Service Level: \_\_\_\_\_ Date of hire: \_\_\_\_\_

**Note:** An on-site orientation is provided to staff within 40 hours of working with clients. The orientation shall include, but is not limited to the topics listed below. [Section 56038(a)(1)]

TOPIC	DATE	SIGNATURE
Facility Program Design		
Client's Individual Program Plan (IPP)		
Client's Rights Regulations		
Assistance to clients with prescribed medications		
Health and Emergency Procedures, including Fire Safety		
Identification and Reporting of Special Incidents, [Section 56027]		
Identification and Reporting of Client Abuse		
other:		
other:		
other:		
other:		
other:		
other:		

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date