

Individual-Specific Training Trainer Designation Record

Name of Individual: _____

The team members listed below have been designated as trainers for the following elements of the _____ plan:

Name of Team Member (one per space)	Elements (i.e. parts of plan)	Conditions (i.e. materials to be used)

Name of Therapist/Behavior Support Consultant: _____

Signature: _____ Date Designated: _____

Signature: _____ Date Rescinded: _____

Name of Designated Trainer(s): _____

Signature: _____ Date Designated: _____

Signature: _____ Date Designated: _____

Note: This document should be placed in the personnel/training file of each team member who is designated as a trainer. This document needs to be updated annually.