

**COMMUNITY LIVING BRANT
INDIVIDUAL TRAINING AND SUPERVISION**

NAME: _____

LOCATION: _____

(1) **CAN THIS INDIVIDUAL BE LEFT UNATTENDED?**

YES [] NO []

If yes, indicate length of time, with whom, etc.

(2) **OUTLINE DETAILS AND OTHER SUPERVISION CONSIDERATION
REQUIRED FOR FIRE AND SAFETY PROCEDURES:**

(3) **LIST ALL FIRE AND SAFETY TRAINING PROVIDED TO THE INDIVIDUAL:**

(4) **TIME FRAME FOR THIS DECISION TO COVER:**

DATE: TO: _____ FROM: _____

NEXT REVIEW DATE: _____

COMPLETED BY: _____ DATE: _____
(Name and Position)

REVIEWED BY: _____ DATE: _____
(Supervisor)