

North West Support Services Inc.
Induction

CONTRACT INDUCTION CHECKLIST

Applies to all contracts, new employees, employees transferring between homes and contracts and for performance reviews

Support Workers Name: _____ Orientation Date: ____/____/____

Shared Home/Individual Contract: _____

ORIENTATION CHECKLIST (Note as NA if not applicable)

- Individual Life Enrichment Journals and Individual Plans have been read and understood []
- Personal care routines and assistance strategies have been observed for all residents []
- Personal care delivery has been observed for all residents []
- Procedures for the Administration of Medication in Shared Homes has been read and understood including all recording sheets []
- The administration of medication has been observed []
- The administration of medication has been carried out under the observation of an experienced support worker []
- Personal Health Diaries have been explained []
- Household routines have been explained:
 - Cleaning routines []
 - Shopping routines []
 - Banking routines []
 - House finance management routines []
- Residents' personal finances have been explained as per the policy – Managing a Client's Finances []
- The house diary has been explained []
- The shift checklist has been explained []
- Doctor's appointment processes and documents explained []
- The location and use of the following have been explained:
 - Personal Diaries []
 - Daily Journals []
 - Photo Albums []
 - Treasured Items Box []
 - Travel Diaries []
 - Lifestyle Calendars []
 - Communication Systems []
 - Support Plans []
 - Progress Reports []
 - Support Logs []

Person Responsible for the Orientation: _____

Position: _____ Signature: _____

Support Worker: _____ Signature: _____