

State Operated Community Program

Employee name: _____ House: _____ Date: _____

	Competency	Demonstration	Date	Staff Initials	Eval. Initial
V-14 BVS1 BVS2 NURSE	Follow the objectives and strategies set forth in the ISP.	<ul style="list-style-type: none"> • Carry out the program plan as written • Document participation in ISP related activities demonstrate appropriate instructional procedures in formal and informal settings. 	3M	3M	3M
Client initials: _____	<input type="checkbox"/> Financial plan (2) <input type="checkbox"/> ISP (1) <input type="checkbox"/> Nursing care plan (N) <input type="checkbox"/> Dehydration protocol (2) <input type="checkbox"/> Voc/Day plan (1) <input type="checkbox"/> PFW (1) <input type="checkbox"/> Aspiration protocol (2) <input type="checkbox"/> Seizure protocol (2) <input type="checkbox"/> Safety Plans DHS 4614 H & W (1) <input type="checkbox"/> Constipation protocol (2) <input type="checkbox"/> Action plan (1) <input type="checkbox"/> DHS4588 FA/BSP Blended Plan (2) <input type="checkbox"/> Good Day Plan (2) <input type="checkbox"/> Interaction Guidelines (2) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____				
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Return to Central Office in a CONFIDENTIAL envelope for filing in the Employee's Working File.