TEXAS
Health and Human
Services

Consumer Directed Services
Management and Training of Service Provider

Service Provider, Employee Name	First Day of Work	Annual Evaluation Due Date
Person Receiving Services Name	Program	Services Delivered
Consumer Directed Services Employer Name		

I. Purpose

☐ Initial Orientation   ☐ Ongoing Training

☐ Evaluation

☐ 30-Day   ☐ Three-Month   ☐ Six-Month   ☐ Annual   ☐ Other _____

☐ Supervision

☐ Verbal Warning: ☐ First   ☐ Second   ☐ Third   ☐ Other _____

☐ Written Warning: ☐ First   ☐ Second   ☐ Third   ☐ Other _____

☐ Conflict Resolution   ☐ Other _____

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training
Initial orientation must include training related to the person's condition, the tasks the service provider will perform and any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.

III. Documentation of Abuse, Neglect and Exploitation Training
Initial orientation must include training on acts that constitute abuse, neglect or exploitation of a person.

IV. Evaluation or Performance Review

V. Corrective Action Plan if applicable

Date for follow-up on corrective action plan: _____

VI. Service Provider Comments

_____   _____
Service Provider Signature   Date

This document has been reviewed with the service provider listed above.

_____   _____   _____   _____
Employer Signature   Date   Witness Signature   Date

Date sent to FMSA _____   **Date received by FMSA** _____