Texas Department of Aging and Disability Services

Consumer Directed Services

**Management and Training of Service Provider**

**Form 1732**

March 2014-E

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| --- | --- | --- |
| Service Provider Name (Employee) | First Day of Work | Annual Evaluation Due Date |
| Name of Individual Receiving Services | Program | Services Delivered |
| Name of Consumer Directed Services Employer |

1. **Purpose**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initial Orientation Evaluation30-Day | Ongoing Training3-Month 6-Month | Annual | Other |  |
| SupervisionVerbal Warning: | First Second | Third | Other |  |
| Written Warning: | First Second | Third | Other |  |
| Conflict Resolution | Other |  |  |  |

1. **Documentation of Topics Covered at Initial Orientation or Ongoing Training:** *(Initial orientation must include training related to the individual’s condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)*
2. **Evaluation/Performance Review:**

Use this form for your attendant's annual review:

1. **Corrective Action Plan (if applicable):**

Date for follow-up on corrective action plan:

1. **Service Provider Comments:**

Signature of Service Provider Date

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

Signature of Employer Date Signature of Witness Date

Date sent to FMSA: Date received by FMSA: