

Caregiving Class Report

Business Name:

Business Type: Community MOU Independent Specialty Trainer
 Boarding Home License #
 Adult Family Home License #

BH/AFHs: Please check this box if you are training staff from other facilities

Address:

City: Zip: Telephone # - -

NO CLASSES TAUGHT THIS QUARTER

This report is for the quarter ending: Jan 15th April 15th July 15th Oct 15th

Please complete report and send to:
 Training, Communications & Development Unit
 P. O. Box 45600
 Olympia, WA 98504-5600
 E-mail: trainingreports@dshs.wa.gov
 FAX: 360-725-2646
 Questions? Call 360-725-2548

Class Start Date (mm/day/yr)	* Class Name	** Class Type	# Students Tested	# Students Who Passed Test	Language Used if Not English	County Where Class Taught	Instructor's Name

* **Class Name:** Use “F” for Fundamentals/Basic; “M” for Modified/Basic; “ND” for Nurse Delegation 9 hr; “NDS” for ND: *Special Focus on Diabetes*; “CD” for Caregiver Dementia; “CMH” for Caregiver MH; and “DD” for Caregiver Development Disabilities

** **Class Type:** Use “CL” for Classroom; “SS” for Self-Study; “CH” for Challenge Testing

