## RECORD OF TRAINING FOR SPECIALIZED PHYSICAL HEALTH CARE SERVICES BY MULTIPLE NURSE TRAINERS

## **Ventura County SELPA**

Specialized Physical trained and certified of				d until a minimi	um provider tean	ı is
Name of Student	ame of Student		te of Birth	_Grade	School	
School Program (check	k) □ Regu	ılar 🛭 Specia	al Education (Indic	ate program) _		
Specify service to be (Attach: Parent Reque	provided: est/Physicial	n Authorization	Ph n for Specialized F	ysician Author Physical Health C	ization Date: Care Service)	
The following staff part response needs, use o opportunity to ask ques	of equipmen	t, observation	and performance	of the specialize	d procedure, and	had the
Complete the followir service	ng informat	tion for the pr	imary providers	of the specializ	ed physical heal	th care
Name of person trained /title of position	Training date(s)	Location of training	Verify primary provider holds valid CPR course completion/date	Name of trainer	Signature of School Nurse verifying competency	Date signed
1						
title						
2						1
title						
3						
title						
Complete the following	ng informat	tion for "back	up" to primary p	roviders		
Name of person trained /title of position	Training date(s)	Location of training	Verify primary provider holds valid CPR course completion / date	Name of trainer	Signature of School Nurse verifying competency	Date signed
1						
title						
2						<del>†</del>
title						
3						
title						

## \* School Nurse

- Monitor specialized physical health care service provider competency throughout the school year.
- For students in Special Education: Be sure to file a copy of the Parent Request/Physician Authorization for Specialized Physical Health Care Service, Record of Training, Individualized Healthcare Plan, Emergency Plan, Student Agreement/Contract in the student Special Education File.

Pursuant to: California Education Code 49423.5 and California Administrative Code Title 5, 30151.12