SAVE PRINT

Center for Social Change, Inc.

Individual & Behavior Plan Training Log

Individual (s) Name	
Date of Individual Plan	
Date of Behavioral Plan	
Coordinator's Name	
Trainer's Name	
Trainer's Signature	

*****_The IP / BP for the individual (s) listed above have been reviewed. By signing below, I agree to follow the procedures outlined in the behavior plan. If I have any further questions I can review the Individuals ALU binder or contact the Program Specialist/Trainer._

STAFF NAME (Print)	STAFF SIGNATURE	DATE

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