

**Sample Form**  
**IHBT New Hire Competency Review**

**Staff Name:** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_

**Date of Completion of Competency Assessment** \_\_\_\_\_

(within first 30 days of hire)

<b>Training Area</b>	<b>Previous Documented Competency (Specify)</b>	<b>Training Event</b>	<b>Date of Training or Core Competency Established (must be within 6 months of hire)</b>
<b>Family Systems</b>			
<b>Risk Assessment and Crisis Stabilization</b>			
<b>Parenting Skills</b>			
<b>Cultural Competency</b>			
<b>Intersystem Collaboration</b>			
<b>Educational and vocational functioning</b>			
<b>IHBT Service Philosophy</b>			
<b>Differential Diagnoses</b>			
<b>IHBT Supervision</b>			