

# HFW Facilitator Credentialing Renewal Tracking Sheet

 County: \_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date of HFW Role:\_\_\_\_\_\_\_\_\_\_\_\_

 **Contact information:**

 Staff being credentialed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Advanced Training (8hrs)**

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| **Activity** | **Topic** | **Hour/s** |  **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |
| **Activity** | **Topic** | **Hour/s** |  **Requirement** | **Reviewed By** | **Date Completed** |
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| **Facilitation Demonstration** | **Reviewed by** | **Date Reviewed w/Coach** | **PDP Date (if skills are not met to 80%)** | **Date Completed** |
| Orient the Family | Video or Live Observation |  |  |  |  |
| First Team Meeting | Video or Live Observation |  |  |  |  |
| Crisis Prevention Planning Meeting | Video or Live Observation |  |  |  |  |
| Implementation (Follow-up) Meeting | Video or Live Observation |  |  |  |  |
| Transition Meeting | Video or Live Observation |  |  |  |  |

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| **Documentation Demonstration** | **Reviewed by** | **Date Reviewed w/Coach** | **PDP Date (if skills are not met to 80%)** | **Date Completed** |
| Discovery | Document Review |  |  |  |  |
| Action Plan | Document Review |  |  |  |  |
| Functional Assessment | Document Review |  |  |  |  |
| Crisis Prevention Plan | Document Review |  |  |  |  |
| Contact Notes | Document Review |  |  |  |  |
| Transition Plan | Document Review |  |  |  |  |