

AMERICAN INDIAN VOCATIONAL REHABILITATION PROGRAM



ORIENTATION CHECKLIST FOR NEW STAFF

Employee's Name:

Job Title:

Date of Hire:

Supervisor's Name:

The supervisor shall discuss the following subjects/policies with the new employee. The employee shall initial or check each item to indicate that it has been discussed and completed (if a task).

- ☐ Office, building, department, and area tour
- ☐ Ensure all New Hire Forms have been completed and submitted to the department and Human Resources
- ☐ Work schedule, breaks, time off requests, communicating with supervisor when absent, dress code
- ☐ Assignment of property: keys, codes, badges, work station, computer/laptop
- ☐ Guidelines for supply use and scan/copy/fax
- ☐ Driving requirements and safety precautions
- ☐ AIVRS Policies and Procedures
- ☐ Tribal Policies and Procedures
- ☐ Human Resources Policies and Procedures
- ☐ Email set-up and use, phone set-up and use, discuss appropriate communications and work practices
- ☐ Review job description, discuss purpose of position and relationship to the AIVRS Mission and Vision statements
- ☐ Supervisor's expectations regarding work and how progress will be determined, performance reviews and appraisals, develop initial employee professional development plan

Review the following vocational rehabilitation trainings topics:

<input type="checkbox"/> AIVRS Mission & Vision	<input type="checkbox"/> Informed Choice	<input type="checkbox"/> VR Process, to include:
<input type="checkbox"/> AIVRS Purpose	<input type="checkbox"/> Inter-agency Coordination of Services	<input type="checkbox"/> Referral
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Job Development and Job Placement	<input type="checkbox"/> Application
<input type="checkbox"/> Case files	<input type="checkbox"/> On-the-job Training	<input type="checkbox"/> Intake Interview
<input type="checkbox"/> Case management	<input type="checkbox"/> Self-employment/Subsistence	<input type="checkbox"/> Assessment/Evaluation (med/psych/voc)
<input type="checkbox"/> Comparable Services	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Eligibility Determination
<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Traditional Healing	<input type="checkbox"/> Individualized Plan for Employment (IPE)
<input type="checkbox"/> Ethical Standards	<input type="checkbox"/> 18 Vocational Rehabilitation Services	<input type="checkbox"/> Case Closure

By signing this document, I affirm that I have received the above orientation and have been provided an opportunity to ask questions and have them answered:

Employee Signature: _____

Date: _____