

### Summary of Skills Training and Recommendations

| Date  | Instructor | Person Trained |
|---|------------|----------------|
| Strengths of Trainee: _____                               |            |                |
| _____   |            |                |
| Areas for Improvement: _____                              |            |                |
| _____   |            |                |
| Recommendations for follow-up and further training: _____ |            |                |
| _____   |            |                |
| Re-check recommended: _____                               |            |                |
| _____   |            |                |

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| _____   |            |                |
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| _____   |            |                |
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| Re-check recommended: _____                               |            |                |
| _____   |            |                |