Form D-2: Plan of Action Form for Assistant Caregiver
Complete one page for each Goal chosen from the Utah Core Competencies

Section A: Family Provider's Name: _____
Name/s of Assistant Caregiver _____
Core Knowledge Area: _____
Core Competency Skill: Step _____ Competency Number:_____
Core Competency Goal:

Section B: List indicators of the competency to be developed:
1. 2. 3. 4.

Section C: Training—Circle the training option being used: CCR&R class 1 CEU
Training class to help in developing this skill: _____

Alternate option/s:_____ , _____

Additional Class if Desired (Optional):_____

Section D: Provider's Plan of Action
Please describe the activities you will take to ensure that the goals identified in Section B are met and the new skills of your assistant caregiver are developed. (At least 2 activities are required)

Write a short narrative explaining how you will maintain this progress and continue to meet the goals beyond the grant period: