

Written Documentation Criteria for Student's ICF/IID Onsite Observation

I _____, completed the onsite training experience and feel competent / somewhat competent / not at all competent (circle one) in performing an ICF/IID survey independently. The written documentation of my onsite training observation which follows is that of my own individual experience and words.

Student Signature: _____ **Date:** _____

Date(s)/Time(s) of the onsite training observation:

Please provide a summary of your onsite training observation.

In your write-up include the following at minimum (if applicable):

- Experience with your assigned preceptor. What are some of the areas you would feel comfortable or confident surveying independently? What are some areas you would feel less comfortable or confident surveying independently?
- Observations of client/staff interactions and the date/time/location of observations
- Interviews you observed (date/time/location) and the type of person interviewed (client/families/direct care staff/QIDP/Nurse/etc.)
- Record reviews performed
- Medication passes observed
- Meal times observed
- Given observations, interviews, and record reviews of your sample, what are some of the federal regulations (W-tags) would you cite and why?

Please submit your written documentation of the onsite training observation to the ICF/IID mailbox at ICFIID@cms.hhs.gov within 72 hours of the conclusion of the onsite observation. Once the SCG has received and approved your written documentation, you will be required to take and pass the post-test in TotalLMS.