**THE SEVEN CHALLENGES® ORIENTATION FOR STAFF**
**(YOUTH CARE WORKERS)**

This form is to help you track the orientation you do for staff members at your organization. Complete this form each time you conduct a new orientation. If you orient staff in smaller groups, you can add the Leaders name, signature, date, and length of orientation by the staff name and position.

*Name of Leader facilitating the orientation*: _____

*Date of orientation*: _____ *Length of orientation*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

*Name and position of staff*: _____

***Signature of facilitating Leader*: _____**