



Family Health Team

700 O'Loane Ave., Stratford, ON N5A 6S6
 Tel: 519.273.1060 Fax: 519.273.0371

Orientation Checklist

Employee Name:

Position:

On file Application for employment <input type="checkbox"/> References <input type="checkbox"/> Professional College Registration <input type="checkbox"/> Police Check <input type="checkbox"/> Professional Insurance <input type="checkbox"/>	Completion of initial orientation	Prior to end of probationary period of 600 Hrs	
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Activity	Completed		Managers /Staff Comments
Toured the organization	Yes <input type="checkbox"/> No <input type="checkbox"/>		
New employee was Introduced to all staff	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Received office keys if needed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Understands Organizational Chart & reporting relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Understands Vision and mission	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employee Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hours of work	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Payroll periods	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Overtime rules	Yes <input type="checkbox"/> No <input type="checkbox"/>		
TD1 Form	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Benefits/ Pension Plan Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Confidentiality Form	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Education Record	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency response	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fire drill routine	Yes <input type="checkbox"/> No <input type="checkbox"/>		
WHIMIS	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Quarterly Stats	Yes <input type="checkbox"/> No <input type="checkbox"/>		

TECHNOLOGY

Assessment Of Employee's Computer Knowledge

Arrange for further training if needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Offer Software Tutors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Give Basic Overview Of System/ Network/Internet/Printer Features	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Teach Software Relevant To Employee's Position	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Microsoft Word, Outlook, Excel, others if applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Electronic Health Record	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Demonstrate Use Of Other Technology – Fax, Copier, Telephone System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Documentation

Charting Procedures – ie. ICD9 codes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Filing System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Understands Forms Used In Specific Discipline	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Shadowing occurred	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Reviewed Medical/Office Supplies and Inventory	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Activity	Completion of initial orientation	Prior to end of probationary period of 600 Hrs	Managers /Staff Comments
		Additional Orientation completed	
Job Performance Guidelines Discussed Employees understands his/her role within STARFHT	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Questions were answered and information regarding employee's job description was provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Determine New Employee's Progress With Training		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Set Appointments For Probationary Reviews		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Provide Evaluation Questionnaire for future completion (Per Policy)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Evaluation Questionnaire due on		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Items requiring follow-up	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

General Comments

Post orientation Meeting:

Pre -probationary Meeting

Post orientation meeting

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

Pre end of probationary Meeting

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____