Staff: Kathryn Stein

Date: 1/19/21

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 _____ **Outcome #2** _____

Technology Use: cellphone for leisure, IPAD

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
Promopting make healthy choices

Chronic Medical Conditions ☒ No ☐ Yes – List:
often nose bleeds

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☒ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Staff stay within visual range

Sensory Disabilities ☐ No ☐ Yes – List: help redirect to quiet space/use headphones
becomes over stimulated with some environments.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
will throw things/property destruction

Important To: family, independence, choice making, being included.

Important For: participates in groups, quiet spot for regulations, maintaining appropriate boundaries, time to process

Likes: latch hook, arts and crafts, games, shopping, going to movies

Dislikes: being ignored, not being included.

Describe Communication Style:
verbal, expressive

Staff: Ang pratt

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: Cell phone for games to regulate IPad?

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : prompt to make healthy food choices in the community

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☒ Yes – List: nose bleeds (reminders to wash hands & face)

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes may wander (verbal prompt)

Sensory Disabilities ☐ No ☒ Yes – List: noise prompt to use head phones, redirect to quieter area

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: throwing objects when overwhelmed prompt to use headphones & self-regulations skills

Important To: family, independence, choices, being included

Important For: participation, a quiet spot, appropriate work-place boundries, time to finish thoughts

Likes: latch hook, arts & crafts, nintendo wii, shoping

Dislikes: being ignored, not being included

Describe Communication Style: Verbal

Staff: [illegible]

Date: 1-19-21

PAI

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: cell phone, IPAD

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:	**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☑ No ☐ Yes – Describe :	**Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☑ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☑ Yes – List:

Nose Bleeds.

Mobility Supports Fall Risk ☑ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☑ Yes – List:

over stim. w/ noisy envir.

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

brings head phones

Important To: being included family / choice making /	**Important For:** short communication participation / Quiet Spot / Boundaries
Likes: Latch hook / Arts & crafts / WII / movies / shopping	**Dislikes:** Being ignored; not included

Describe Communication Style:

Verbal

Staff: John

Date: 1-19-21

PAI

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: Own cell phone & I pad devices.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☒ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Observe only

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☒ Yes – List: Nose bleeding issues. prompts to wash-clean.

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

supervise.

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Over stimulated in loud environments can get overwhelmed and throw objects.

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Prompt/Redirect to a quiet area. (Head phones)

Important To: Family, Independence Being included. Having choices.

Important For: participating with peers Maintaining boundries.

Likes: Latch Hook & Yarn crafts. Wii Games, Shopping. Movies

Dislikes: Being Ignored and not being included.

Describe Communication Style:

Verbal.

Staff: Dave Turner

Date: 01.19.2021

PAI

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: Cell phone, I-PAD,

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:	Epi Pen/Treatment ☒ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe :	Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Make healthy food choices in community, No choking

Chronic Medical Conditions ☐ No ☒ Yes – List:

Nose bleeds often,

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

No MEDICATIONS

Specific Health & Medical Needs ☐ No ☒ Yes – List:

Nose bleeds

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports		
☐ Support straps/belts needed Staff will keep him in eyesight.	☒ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Ca

- Over stimulated with loud noises, prompt to quiet area, headphones.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:

Throwing things - out home 911 protocol.

Property destruction, thrown items - redirect with headphones, breathing

Important To:	Important For:
Family, Independence, Choices, being included	Workplace boundaries, Participation, Having a quiet area, give Time to process.
Likes: Watch hockey, Wii, Shopping, Movies.	Dislikes: Being ignored or included

Describe Communication Style:

Verbal.

Staff: Jordan Thaffer

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: Cell phone, iPad

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Prompting to make healthy choices in community

Chronic Medical Conditions ☐ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

no meds

Specific Health & Medical Needs ☐ No ☒ Yes – List:

nose bleeds

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

independent

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Stay in visual range in community

Sensory Disabilities ☐ No ☒ Yes – List:

noisy environments - redirect to quieter area, offer headphones

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:

Throws things when overwhelmed - 911 protocol when things get thrown

Important To:	Important For:
family, independence, choice making, being included	participates, quiet spot, workplace boundaries, time to finish thoughts before answering
Likes: Latch hook, Nintendo, wii, shopping, going to movies	**Dislikes:** being ignored, not feeling included

Describe Communication Style:

Verbal

Staff: Chelsie

Date: 1/19/24

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan Mitchell

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: Cell phone / Ipad?

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:	Epi Pen/Treatment ☐ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe :	Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Prompting healthy food in community

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☒ Yes – List: Nose bleeds

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Visional range

Sensory Disabilities ☐ No ☒ Yes – List: over stimulated in noise enviorments

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: just throw things?

Important To:	Important For:
Family, Choose making, Independant, Group participates, quiet spot, Time to finish thoughts	
Likes:	**Dislikes:**
latch hook, nintendo wee, movies, shopping	Being ignored, not feeling included

Describe Communication Style:

Verbal.

Staff: Nikki Kereluk

Date: 1/19/21

PAI

Service Recipient: Ryan Mitchell

•Where People with Disabilities Connect with the Community and the World•

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use: own phone=games, self-regulation, ipad.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: —

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe: —

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports:
encourage healthy options in community

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: not at PAI

Specific Health & Medical Needs ☒ No ☐ Yes – List: Nose Bleeds - remind to wash up

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Stay in visual range

Sensory Disabilities ☐ No ☒ Yes – List: overstimulated w/ noisey environments - prompts to quiet area + use headphones.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: (behaviors @ home) throws objects. 911 protocol w/ aggression at home

Important To: family, independence, choices, being included	Important For: participates, quiet spot, appropriate workplace boundaries time to finish thoughts after "2"
Likes: latch hook, nintendo wii, movies, shopping.	Dislikes: being ignored, not feeling included

Describe Communication Style: Verbal

Staff: Zach Weinmann

Date: 1-19-21

PAH

Service Recipient: Ryan Mitchell

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
—	—

Technology Use: Uses Cell phone, Ipad,

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports : Prompt to make healthy food choices

Chronic Medical Conditions ☐ No ☐ Yes – List: Nose bleeds

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List: overstimulated by Noisey environments. Redirect to quiet area.

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To: Fam, independence choice making being included, (Invite)	Important For: Participate with quiet space appropriate boundaries. Time to process
Likes: Latchhook, Arts & crafts, Nintendo Wii shopping	Dislikes: Being ignored/ Not included.

Describe Communication Style: Verbal