Service Training Log – Linden

Date: 7/7/21

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Morgan Bradshaw, Direct Service Professional		Primary	Review the following documents IAPP, SMA, CSSPA: TL

Make up Date	Initial	EE ID	Last Name
	MB		Bradshaw, Morgan

Make up Date	Initial	EE ID	Last Name

Make Up Date	Initial	EE ID	Managers /Admin

Make up Date	Initial	EE ID	Other Attendees

Staff: Morgan B. PAI Service Recipient: Terri L.

Date: 7/7

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 Play wii 1x week

Outcome #2 Choose sensory activity daily

Technology Use: iPad, TV, computer

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: aspirin, ibuprofen Nsaids A+D ointment

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe :

Seizure PRN ☐ No ☒ Yes Location:

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

NPO

Chronic Medical Conditions ☐ No ☒ Yes – List: PMR, CP, Scoliosis, harrington rod, spinal fusion Nissen, GERD, severe osteopsorosis, post right femur repair, hyperopia, ear infections, UTIs

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

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

NPO

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

Harrington rod, Cerebral palsy, scoliosis, spinal fusion

☐ 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: unable to focus on close up objects

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

Important To: 1 on 1 time Fidgets outings family music therapy playing wii

Important For: Sensory based activities

Likes: wii fidgets trying new things stuffed animals

Dislikes: Clogged G-tube

Describe Communication Style: