In-service Training Log – Parkway
All Staff

Date: 11.2.2021

Training Time	Trainer Name	Content/Description
.75	Kennedy Norwick Jess Gunderson	Review CSSP & CSSPA responsibilities and where applicable the person's Individ. Abuse Prev. Plan (or any plan approp.) to achieve understanding of the person as a unique individual and how to implement these plans as they relate to the staff's job functions ZW & RM

Make up Date	Initial	Last Name
Lead DSP's/DSP's		
	RC	Ceragioli, Rey
	SG	Gaines, Susan
	JG	Gebhardt, John
	AG	Green, Andrea
	NK	Kereluk, Nikki
11/4		Moua, Dennis
	CP	Peterson, Chelsie
	DP	Popp, Daniel
	RS	Schmidt, Renee
	NS	Snyder, Nancy
	KS	Stein, Kathryn
11/4		Turner, David
	ZW	Weinmann, Zach
	AW	Wrich, Anna

Make up Date	Initial	Last Name
Other (Subs)		
		Pratt, Anna
		Snodie, Josh
		Willis, Megan
Make up Date	**Initial**	**Manager/Admin**
		Kmetz, Kevin
		Gunderson, Jess
		Norwick, Kennedy

Staff: Dan

Date: 11/2/21

PAI

Service Recipient: Z.W.

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 report	☑ 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
Will Verbally express wants/needs 1 X Day	Engaging in an activity with others

Technology Use:

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 :

bite size pieces and Verbal reminders to eat slowly

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

PRN for anxiety

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 Needs supervision in community and pedestrian safety

Sensory Disabilities ☐ No ☑ Yes – List:

Loud noises can bother him - offer headphones or/and Sensory room

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

offer verbal cues, break, verbal choices, and First, then, language

Important To:	Important For:
Movies, breaks, headphones, choices	given choices, Praise for task completion and drinking all his boost
Likes:	**Dislikes:**
Movies, Disney Music, BK, alone time	Loud noises, Dentist, Not having time to process

Describe Communication Style:

Verbal

Staff: Dan P.

Date: 11/2/21

PAH

Service Recipient: Ryan M

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 When conversing Ryan will keep safe distance

Outcome #2 Work 1 x week (shredding)

Technology Use:

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 :

On 1700 calorie Diet has eaten raw food in past

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

Multivitamin and anxiety med at home

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

Gets 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 Needs supports and can't swim

Sensory Disabilities ☐ No ☑ Yes – List:

Sensative to loud noises

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

history of inappropriate touching, Help with self regulation

Important To: family, independence, being included movies

Important For: time to finish thoughts participates with peers, Quiet spot for relaxation

Likes: latchhook, Wii, arts and crafts, out to eat

Dislikes: being ignored and not feeling included

Describe Communication Style:

Verbal - Short explanations - give time to process

Staff: John Gebhardt

Date: 11-2-21

PAI

Service Recipient: Z. Westrum

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 Report	☑ 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 He will verbally express his needs 1x Daily

Outcome #2 He will engage with a peer.

Technology Use: yes

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 : Bite size food, eat slowly reminders

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 Needs supervision in community

Sensory Disabilities ☐ No ☒ Yes – List: Loud noises bother him. offer head phones and the sensory room.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff supports, First ___, then, ___

Important To: Movies, Breaks, choices head phones,

Important For: Give him choices. Praise for completing tasks.

Likes: Movies, Disney songs Burger King. Alone Time

Dislikes: Dentist, noises, Not having time to process

Describe Communication Style: Verbal and vocalizations

Staff: John Gebhardt

Date: 11-2-21

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 Will Keep a safe distance from peers

Outcome #2 Will work 1x week for on site shredding

Technology Use:

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 : 1700 - 2000 cal. heart healthy diet. Healthy choices.

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: occastional nose bleeds. Remind him.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Be around and look out for him.

☐ 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: sensory integration Loud noises,

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Has history of inapropriate touching and Inapropriate sayings. Boundry issues. self regulation issues.

Important To: Family, Independences, Making Being included. choices

Important For: To participate with others Make appropriate choices

Likes: Latch hook art, crafts, Going out in community

Dislikes: Being ignorned Not being included.

Describe Communication Style: Verbal. Needs time to process.

Staff: Anna Wrich

Date: 11/2/21

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: ADHD	☐ 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 Ryan will keep a safe distance from peers when conversing

Outcome #2 will work once a week on-site shredding.

Technology Use:

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 : 1700 - 2000. heart healthy diet. reminders for healthy foods.

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports : None at PAI anxiety med at home. & multivitamin

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 overly trusting. cannot swim needs support

Sensory Disabilities ☐ No ☑ Yes – List: sensitive to loud noise & routine changes.

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: history of inappropriate touching & boundaries. ask him to go to a quiet space.

Important To: family. independence. choices. being included.

Important For: participation w/ others. quiet spot. support to maintain appropriate work place boundaries.

Likes: Latch hook. nintendo wii. arts n crafts. out to eat. going out.

Dislikes: being ignored. not being included.

Describe Communication Style: Verbal. short verbal prompts. paired w/ modeling

Staff: Anna Wrich

Date: 11/2/21

Service Recipient: Zach Westrum

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 report	☑ 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 Verbally express wants/needs once a day.

Outcome #2 engage in activity w/ Peer.

Technology Use:

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 : food needs to be bite size. Verbal reminders to slow down.

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : PRN - would need assistance.

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 Needs supervision. Pedestrian safety.

Sensory Disabilities ☐ No ☑ Yes – List: bothered by loud noise. uses headphones. offer sensory room.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: can offer verbal cues. offer break. Provide choices. first then language.

Important To: movies. breaks. head-phones. choices.

Important For: choices. Praised for tasks drinks boost!

Likes: movies. disney burger king. alone time.

Dislikes: loud noise. Dentist. No time to process.

Describe Communication Style: Verbal

Staff: Rey Cerazjoski

Date: 11/2/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: RM Ryan

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

When conversing, Ryan will keep a safe distance

Outcome #2

work once a week on site shredding

Technology Use:

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 :
on a 1700-2000 a day calories, healthy foods. Verbal reminders (eating raw foods)

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : ~~Breath~~ multiple vit. anxiety meds at home

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 staff support, can't swim

Sensory Disabilities ☐ No ☒ Yes – List: sensory intergration, loud noises, routin disruption/changes noises randomely behind him can sturtle

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: inapproite ~~touches~~, boundaries, asking him to go to a quiet place when overwhelmed or over stimulated.

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

Important For: participation with others, quiet space, support for work space boundaries. finished thoughts when answering the question

Likes: latchhook, nintendo wii, arts crafts, going out to eat, movies, outings

Dislikes: being ignored, not feeling included.

Describe Communication Style: Verbal, verbal prompts/modeling it new information processing time to think.

Staff: Rey Ceraggioli

Date: 11/2/21

Service Recipient: Zach W
2.0.

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 report	☒ 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: inability to report	☒ 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

Zach will verbally express his wants per day engaging with a peer within an activity

Outcome #2

Technology Use:

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 : bite sized pieces
Verbal reminders to eat slow

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 supports in the community and public

Sensory Disabilities ☐ No ☒ Yes – List: bothered by noises, offer his headphones or sensory room.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: offer verbal cues, offer a break first then language, offer 2 choices

Important To: movies, breaks, headphones, having choices

Important For: given choices, praise when completing tasks, drink boost for weight loss

Likes: movies, disney songs, burger king alone time.

Dislikes: loud noises, dentist, not having time to process

Describe Communication Style: Verbal, pay attention to body language, scripts

Staff: Nikki Kerekuk

Date: 11/2/21

PAI

Service Recipient: Zach W.

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 report	☒ 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: inability to report	☒ 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
Will verbally express wants & needs 1x/day	engage in an activity w/ a peer.

Technology Use:

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 : food in bite size pieces. Verbal reminders to eat slowly.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : PRN (anxiety)

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 Supervision in community, pedestrian safety

Sensory Disabilities ☐ No ☒ Yes – List: loud noises – offer headphones or sensory room.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff offer verbal cues, break space, provide choices, first-then language.

Important To: movies, breaks, headphones, choices,	Important For: choices, praised for completing tasks, drinks "Boost"
Likes: movies, disney songs, burger king, alone time.	Dislikes: loud noises, dentist, no time to process

Describe Communication Style: Verbal, scripts, gestures

Staff: Nikki Kereluk

Date: 11/2/21

PAI

Service Recipient: Ryan M.

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
conversing, ryan will keep safe distance from peers.	will work 1x/week on shredding paper.

Technology Use:

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 : —

*1,700 - 2,000 calories → heart health

Chronic Medical Conditions ☒ No ☐ Yes – List: —

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

anxiety med / vitamin @ home

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 needs supervision / can't swim

Sensory Disabilities ☐ No ☒ Yes – List: integration issues → loud noises, disruptions in routine, "attacks" "target on him"

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: innapropriate boundaries / touching ask him to go to a quiet space or a walk.

Important To:	Important For:
family, independence, choices, being included.	participates w/ people, quiet spot, appropriate workplace boundaries
Likes:	**Dislikes:**
latch hook, nintendo wii, arts/crafts, going out to eat, going to movies, outings	~~time to process~~ being ignored, not included

Describe Communication Style: Verbal - prefers prompts and modeling time to process

Staff: Andrea G

Date: 11/2/21

PAH

Service Recipient: Ryan M.

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 keep safe distance from peers. **Outcome #2** work once a week on shredding

Technology Use:

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 :

1700 heart healthy diet | give reminders to eat healthy

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

supp at home

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:

sensitive to loud noises & [redacted]

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

inappropriate boundaries & teaching

Important To: being included decisions family, independent, choice making

Important For: quiet spot. ansn thoughts participate w/others. maintain personal space

Likes: eating near out local movies Wii, Arts n crafts outings

Dislikes: being ignored not included

Describe Communication Style:

Verbal - prefers prompts (short) time to process.

Staff: Andrea B.

Date: 11/2/21

PAI

Service Recipient: Zach Western

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 report	☒ 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 Verbally express wants & needs once a day

Outcome #2 engaging in activity w/ peer

Technology Use:

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 :

Bite size pieces / verbal reminders to eat slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

PRN

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 supervision, support to practice safety

Sensory Disabilities ☐ No ☒ Yes – List:

bothered by loud noises / offer headphones or sensory room

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

verbal cues. offer break provide choices first then langage

Important To: makes, breaks, headphones, having choices

Important For: given choices praised for completing task drink boost

Likes: makes, disney songs, fidget spinning, alone time

Dislikes: loud noises, dentist, not having time to process.

Describe Communication Style:

Verbal.

Staff: Nancy Smyda

Date: 11-2-21

Service Recipient: Zach W

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 report	☑ 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 report	☑ Inability to handle financial matters ☐ Other:

Outcome #1 verbally express wants / needs once per day.

Outcome #2 Engaging in activity with peers

Technology Use:

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 :
Food bite size pieces
Verbal reminders to eat slowly

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports :
PRN - assistance needed (anxiety)

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 supervision in community, support ped. safety

Sensory Disabilities ☐ No ☑ Yes – List:
Bothered by loud noises, offer headphones or sensory room

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
offered verbal cues, offer break, provide choices, "first-then" language

Important To: movies, breaks, head phones choices,

Important For: choices, praised for completely tasks Drinks his BOOST drink

Likes: movies, Disney songs, Burger King, alone time

Dislikes: loud noises, dentist, not having process time

Describe Communication Style:
Verbal, with face expressions

Staff: Kelsey Snyder

Date: 11-2-21

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 Keep safe distance from peers when talking

Outcome #2 will work once a week on site shredding

Technology Use:

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 (In past eats raw food)

1700-2000 calorie Heart Healthy Diet - encourage healthy foods

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

Nutrl Sups at home

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

Nose bleeds - remind him to clean

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 Needs staff around

Sensory Disabilities ☐ No ☑ Yes – List:

Sensitive to loud noises, and distruption in routine

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

History of inappropriate touching (at home)

Important To: family, independance choice making, included

Important For: participation w/ others quiet spot for regulation, workplace boundaries, time to finish thoughts

Likes: latch hook, Nintendo WI, Arts & Crafts going out to eat, movies

Dislikes: ignored, not feeling included

Describe Communication Style:

Verbal - prompts/short, time to process

Staff: Chelsie

Date: 11/2/21

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 When conversing keep Save distance from peers

Outcome #2 Work once A week a sight shredding

Technology Use:

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 : 1700 - 2000 diet A Day encourage healthy foods

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : nutrition supplement At Home.

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 Staff Around

Sensory Disabilities ☐ No ☒ Yes – List: Sensitive loud noises, disruption in routine.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Inappropriate touching/boundaries

Important To: Family, independence, Choices, being included.

Important For: participate with others/Groups quiet place to re gather, time to finish thoughts ask A(?)

Likes: Latch hook, Nitindo Wii, Arts and crafts, out to eat, movie/outings

Dislikes: Being ignored / not feeling included

Describe Communication Style: Time to process

Verbal, verbal prompts with short message

Staff: Chelsie

Date: 11/2/21

PAH

Service Recipient: Zach W (Westerman)

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: Can't Report	☒ 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: Can't Report	☒ 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 Zach verbally express wants/needs

Outcome #2 engage in activity with a peer.

Technology Use: 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 : Bite size pieces / verbal reminder to eat slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 Supervision / pedstrian Safety

Sensory Disabilities ☐ No ☒ Yes – List: Loud noises / Breakout Space / Headphones

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Verbal cues, Breakout room. provide choices. First, then language

Important To: movies, Breaks, Headphones, Choices

Important For: Choices, praised for completing tasks; Drink His Boost.

Likes: movies, Disney, Ipad, Burger King / Alone time

Dislikes: Loud noises, Dentist, no time to process

Describe Communication Style: Verbal, Character Script talking

Staff: Renee Schmidt

Date: 11-2-2021

PAI

Service Recipient: ZACK W

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 report	☑ 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: inability to report	☑ 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
verbally express wants/need 1x a day	imaging in activity w/ peers

Technology Use: 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 :

food bite size pieces verbal reminders to eat slowly

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

PRN – Anxiety

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 Supervision pedestrian safety

Sensory Disabilities ☐ No ☐ Yes – List:

Loud noises offer head Phones / Senory Room

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

Staff offer verbal guns break, provid Choices (First then)

Important To:	Important For: Boat drink
movies, breaks, head Phones, Choices.	given Choices praise for completing tasks
Likes:	**Dislikes:** Loud noise, Dentist,
movies, Disney Songs, Burger King & ice cream	not having time to passes

Describe Communication Style:

Verbal facial expressions

Staff: Renee Schmidt

Date: 11/2/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ryan M

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 When Conversing Keep Safe distance from peers

Outcome #2 Will work 1x per wk on Spreading

Technology Use:

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 snacks on 1700-2000 Cal diet heart healthy

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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 Staff supervision

Sensory Disabilities ☐ No ☑ Yes – List: Sensory Integration

Loud noise disruption in routen redirecting to quet area

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

history of throwing objects

history of inapoprate touching

Important To:	Important For:
Being Included family, Independence choice making,	Work Place Boundaries time to Participation in others quiet SPot
Likes: Out to eat outings watch books Nintendo wii Arts/crafts	**Dislikes:** ignord not feeling included

Describe Communication Style:

Verbal Short message time to prosses

Staff: Kathryn Stein

Date: 11/2/21

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 When conversing, will keep safe distance from peers

Outcome #2 will work once a week on site shredding

Technology Use:

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 :

on 1700-2000 calories a day diet

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

anxiety med at home

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 Can't swim

Sensory Disabilities ☐ No ☒ Yes – List:
Sensory intergration issues difficulty with surprises

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
history of inappropriate touching, helping him with self regulation

Important To: family, independence, choices, being included

Important For: participation with others in activites, quiet spot, work boundaries, time to process when asked a question

Likes: latch hook, nitendo wii, arts and crafts, restaurants, movie theaters

Dislikes: Being ignored, not feeling included.

Describe Communication Style:

Verbal, short verbal prompts, time to process what was said

Staff: ~~Zach We~~ Kathryn Stein

Date: 11/2/21

PAI

Service Recipient: Zach Westrum

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 report	☒ 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: inability to report	☒ 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 Will verbal express his wants and needs once a day

Outcome #2 engaging in physical activity with a peer

Technology Use:

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 :
bite sized pieces. verbal reminders to eat slowly

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 Supervision in community, supports to practice pedestrian safety

Sensory Disabilities ☐ No ☒ Yes – List:
bothered by loud noises. offer headphones or sensory room

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Verbal cues from staff, break, choices, use "First" "then" language

Important To: movies, breaks, headphones, choices,

Important For: choices, praised for completing tasks, drinks boost drinks

Likes: movies, disney songs, burger king, alone time

Dislikes: loud noises, dentist, not having time to process

Describe Communication Style:
verbal

Staff: Zach Weinmann

Date: 11-2-21

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
Conversing, Keep Safe Distance From Peers	Work 1x weekly.

Technology Use:

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 Choices

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : Has stuff at home for Diet Anxiety PRN @ Home

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 top training - Can't Swim

Sensory Disabilities ☐ No ☒ Yes – List: Loud Noises, Disrupted Routine

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: History of Innapropriate touching. If he's upset ask him to go to a quiet Place. History of Bigger Behaviors. at home.

Important To: Family, independence, Choice making, Being included

Important For: Participate w/ others. Quiet spot for regulation. work Place Boundries

Likes: Latch hook, Nintendo Wii, Switch arts & crafts, going out in general.

Dislikes: Being ignored, Not Feeling included

Describe Communication Style: Verbal

Staff: Zach Weinmann

Date: 11-2-21

PAH

Service Recipient: Zach Westrum

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: Can't Report	☒ 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: No report	☒ 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 Verbally express wants/Needs

Outcome #2 Engage in Activity w/ Peer.

Technology Use:

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 : Bite Size, verbal Reminder to eat slowly.

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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 Supervision Pedestrian Safety

Sensory Disabilities ☐ No ☒ Yes – List: Loud noises, after hour phone

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: Staff can offer Verbal Take Break

Important To: Movies, Breaks, Cell Phone, Chews

Important For: Given Chews, Phone, Drinks & Beer

Likes: Movies

Dislikes:

Describe Communication Style: Verbal

Staff: Gaines, Suzie

Date: 11/2/2021

PAI

Service Recipient: Zach M.

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: Im. to repeat	☒ 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 Zach will verb. his wants and needs x1/daily

Outcome #2 engagement w/ a peer. ex: iPad / coloring /

Technology Use:

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 : Choking bite size. Verbal reminders to chew at slow.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : PRN. - Anxiety.

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 Ped. Safty.

Sensory Disabilities ☐ No ☒ Yes – List: - loud noises, offer headphones / or/ sensory room

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Staff can give verbal ques, breaks, give choices, 1st this, then 2nd

Example: bathroom / ipad time.

Important To: movies, breaks, headphones, having choices.

Important For: given choices, drinks his boost.

Likes: movie, disney songs, B.K., alone time.

Dislikes: loud noises, dentist, not having time to process.

Describe Communication Style: Verbal.

Staff: Gaines, Sutic

Date: 11/2/2021

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 Safe dis. when talking. (peers)

Outcome #2 Ryan will work 1 week on Shedding. to get paid.

Technology Use:

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 : heart healthy 1,700 - 2,000

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : Not have at Pai, At home. Nose bleeds.

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 doesn't know to swim

Sensory Disabilities ☐ No ☒ Yes – List: loud noises. little things are harder for him. redirecting him headphones.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: redirecting him. ~~headphones~~. make sure it's clear asking him to talk a walk.

Important To: family, Choice making, being included

Important For: Quite spot.(s), work space, time to finish thoughts.

Likes: latch hook, Wii, arts / Crafts, going out to eat. going outings / movies.

Dislikes: not feeling included.

Describe Communication Style: Verb. prompts. time to process.

Staff: Dennis

Date: 11/4/21

PAI

Service Recipient: Zach Westrum

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
express his wants + needs	engage in an activity with a peer

Technology Use:

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 : bite sized

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☒ Yes – Describe Equipment/Supports : PRN for anxiety, need assistance for it

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:

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

Important To:	Important For:
get breaks, choices, time to process	
Likes: movies, disney songs, alone time, headphones	**Dislikes:** not given choices, being rushed

Describe Communication Style:

verbal, gestures

Staff: Dennis

Date: 11/4/21

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 Help Ryan with reminders of covid safety.

Outcome #2 Help Ryan participate in shredding once a week.

Technology Use: phone, tablet

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 :
take anxiety meds at home

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: noise level at minimum.

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

Important To: give chores

Important For:

Likes: games, movies, arts & crafts shopping

Dislikes: being ignored, not feeling included

Describe Communication Style:
verbal

Staff: Dave Turner

Date: 11/4/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Zach Westrum

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 To express wants + needs

Outcome #2 engage in activity with peer

Technology Use: 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:

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:

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

Important To: Give time to process, offer breaks, offer choices

Important For: Give time to process, Give choices

Likes: Disney, Movies Headphones

Dislikes: NOT given choices, being rushed

Describe Communication Style: Verbal, gestures

Staff: Dave Tew

Date: 11/4/21

PAI

Service Recipient: Ryan Mitchel

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
Remind Ryan about covid safety	Help Ryan participate in shredding x1 weekly

Technology Use: Phone Tablet

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:

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:

keep Noise level down

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

Important To:	Important For: Likes Attention from staff Include Ryon
Give CHOICES	
Likes: GAMES, Movies, Arts+Crafts, Shopping	Dislikes: Being ignored NOT feeling included

Describe Communication Style:

Verbal