In-service Training Log – Parkway
All Staff

Date: 11/16/2021

Training Time	Trainer Name	Content/Description
	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 • PAI policies (where to find) MM, CS

Make up Date	Initial	Last Name
Lead DSP's/DSP's		
	RC	Ceragioli, Rey
	SG	Gaines, Susan
	JG	Gebhardt, John
11.18.21	AG	Green, Andrea
	NK	Kereluk, Nikki
11/18/21	DM	Moua, Dennis
	CP	Peterson, Chelsie
	DP	Popp, Daniel
11.18.21	RS	Schmidt, Renee
	NS	Snyder, Nancy
	KS	Stein, Kathryn
	DT	~~Turner~~, Dave
	ZW	Weinmann, Zach
		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
	KN	Norwick, Kennedy
		Shattuck, Kelli

Staff: Zach Weinmann

Service Recipient: Chris S

Date: _____

PAT

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
Visit another room	Engage in sensory Act. with staff

Technology Use: No,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Poller

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: History of Breakthrough siezures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Stand and walk if he can't swallow Drink every 2-3 Bites

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Mild astigmitism, strbismus,

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

Someone with 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 Help Wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Avoid things with small holes Too excited, Rub Arms And Head. Keep him Gentle. Safe Area

Important To: Mom, Water Play, 1:1, Choices,

Important For: Staff help him walk. Be included. staff know him

Likes: Water Play, Music, sweets, Being around Peers

Dislikes: Tomatoes, O.J., waiting

Describe Communication Style: Gestures, Vocalizations, Expressions

Staff: Zach Weinmann

Date: 11-16-21

PAI

Service Recipient: Matt 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
Join Group activity	Visit other Program Room

Technology Use: Phone

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, Sulfa Penicillin Pollen, Codein, Ragweed

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Telling him to slow down
Hard to chew items cut

Chronic Medical Conditions ☐ No ☒ Yes – List: Circulatory Problems

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Verbal Cues
☐ Support straps/belts needed Assistance

☐ 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 Model Community Safety

Sensory Disabilities ☐ No ☒ Yes – List: Loud Noises

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

Important To: Rats outings Peers Family

Important For: Independence, Epi Pen
Interacting w/ others

Likes: Rats. The light rail, watching Airplanes

Dislikes: Loud Noises, vegetables, Being Forced Do things he doesn't like

Describe Communication Style:
Verbal

Staff: Rey Ceragioli

Date: 11/16/21

PAI

Service Recipient: Matthew 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: unable 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 join a group activity in his room

Outcome #2 visit another program room.

Technology Use: phone, tv.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, cutting, penacilen, palin, raywes, sulfa meds

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : slow down when eating and chewing, hard to chew; cut into bite sized pieces

Chronic Medical Conditions ☐ No ☒ Yes – List: circulatory problems, dont push him too hard, if appears tired tell him to rest.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Epi Pen given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: point out areas that maybe dangerous like icy ground, curbs, ect.

☐ 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 molding community saftey - eye sight of him

Sensory Disabilities ☐ No ☒ Yes – List: loud noises, fire alarms.

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

Important To: Rats, outings, interacting with others, Chris, family

Important For: independance, epi-pen, interacting with others and being included

Likes: rats, light rail, watching airplanes, bowling,

Dislikes: loud noises, veggies, being forced to things that he doesnt like.

Describe Communication Style: verbal

Staff: Rey Ceragioli

Date: 11/16/24

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Chris S

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: unable 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 visiting another room

Outcome #2 engageing with staff sensory group

Technology Use: Yes, No, Maybe buttons at home, mostly no tech use

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Penicillin

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Breakthrough seizures

Seizure PRN ☒ No ☒ Yes Location: No

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Mickle sized pieces stand and walk if having a difficult time swallowing offer him a drink after one to two bites

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: staff ~~need~~ gives Chris meds as needed

Specific Health & Medical Needs ☐ No ☒ Yes – List: mildy stigatism, Sterbesmus, bring items closer to help him see, communicating what you are doing.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports gait belt coming on and off the bus and staff walking with 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 mode safety community, use a wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: avoid things with small holes, sticks fingers in small places, gets too excited, rub arms and head. Reminding him to be gentle. sensory groups / activities. Spitting. – No Spitting

Important To: family, water play, one x one staff, having choices

Important For: ~~staff are there to help him~~ walk, being included, staff gets to know him and how he communicates

Likes: water play, music, sweets, being around peers, Vanilla White, trains

Dislikes: tomatoes, orange juices, not being included, having to wait too long.

Describe Communication Style: non-verbal, vocalizations, body language

Staff: Nancy Snyder

Date: 11-16-21

PAI

Service Recipient: Chris S

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: Unable 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
Visiting another room	Engaging in sensory w/staff

Technology Use: yes / No / Maybe both at home.

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Pollen

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: History of breakthru seizures

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Food cut in pickle size pcs, Needs to stand & walk if choking

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: No meds at PAI - if he did - administer by staff

Specific Health & Medical Needs ☐ No ☑ Yes – List: Mild Strabismus, Strabismus = looks out of sides of eyes, bring items closer so he can see, communicate what you are doing

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Verbal cues, Belt on & off bus, someone walking w/ 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 Model & Demostrat safety, Wheelchair in community

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: avoid things with small holes - He puts his fingers in. *Firm = No spitting* Too excited - Rub arms and/or head - Be gentle reminders.

Important To:	Important For:
Family, water play, 1 on 1 w/ staff choices,	staff help him walk, being included Staff know him and how he communicates
Likes: water play, Music, sweets, being around peers,	**Dislikes:** tomatoes, orange juice, not being included, Writing

Describe Communication Style: non-verbal, Gestures, facial expressions, body language

Staff: Nancy Snyder

Date: 11-16-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Mathew Martinson

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: Wesley foreport	☑ 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
Join group activity in his room	Visit another program room

Technology Use: Uses phone to watch Videos

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Bees, Codin, penicilan, pollen, ragweed Shifa meds

Epi Pen/Treatment ☐ No ☑ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Slow down, chew, hard to chew items - cut into nickel size pieces

Chronic Medical Conditions ☐ No ☑ Yes – List:

circulatory problems, Dont push him too hard, if he's tired/tell him to rest.

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

epi pen given by staff

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

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

Verbal cues, physical assistance, point out areas that might be dangerous ie ice

☐ 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 Modeling community safety, stay in eyesight

Sensory Disabilities ☐ No ☑ Yes – List:

Sometimes loud noises, fire alarm,

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

Important To:	Important For:
Rats, outings, interacting w/ peers, family,	independance, epipen interacting w/ others, being included
Likes: Rats, light rail, watching airplanes bowling,	Dislikes: loud noises, vegetables, being forced to do things he doesn't like.

Describe Communication Style:

Verbal

Staff: Chelsie

Date: 11/16/21

PAT

Service Recipient: Chris S.

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: Unable 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
Visiting Another room	Engaging Sensory activity Staff

Technology Use: NO

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Pollen

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe : History of Break thru Seizures

Seizure PRN ☒ No ☒ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Nickel size pieces
Swallowing - Stand up and walking
Drink every 2-3 bites

Chronic Medical Conditions ☒ No ☒ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
No Meds here but staff would assist.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Mild Mastigmtism, Stairs, Bring items closer
Communicate what your doing

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Always have Gait belt, Staff assist
Staff assist
☐ 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 assist, model safety, wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Avoid small holes, too excited rub Arms and head.
Reminding him to be gentle, Sensory
Move to Safe Spot.

Important To:	Important For:
Family, water play, 1on1 Having choices	Staff assist while Walking Being included, Staff get to know Him
Likes: Water play, music, sweets, Being around peers	**Dislikes:** Tomatoes, orange juice not being included, Having to wait to long

Describe Communication Style:

non-verbal, Vocalizations, Body language

Staff: Chelsie

Date: 11/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Matthew 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: Unable 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
Join group activity in his room	Visit another program room

Technology Use: phone for videos,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, codine, penacilin, pollen, ragweed, Sulfameds

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Telling him to slow down chew throughly Cut nickel size pieces

Chronic Medical Conditions ☐ No ☒ Yes – List: Circulatory problems, don't push to Hard Telling him to rest

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Epi pen Given by Staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Point out areas of Danger
☐ 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 assist, modeling community safety

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

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

Important To:	Important For:
Rats, outings, Interacting with peers family	Independance, Epi pen Interacting with others being included
Likes:	**Dislikes:**
rats, Light rail, Airplanes, bowling,	Loud noises, vegetables, Being first to do things

Describe Communication Style:
Verbal

Staff: Anna Wrich

Date: 11/16/21

PAL

Service Recipient: Chris Swiger

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: unable 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 visit another room

Outcome #2 engage in sensory w/staff

Technology Use: yes/no/maybe buttons

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: pollen

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: history of breakthrough

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: food is cut in Nickle size pieces. stand & walk if trouble swallowing. offer drink.

Chronic Medical Conditions ☑ No ☐ Yes – List: Angelmans Syndrome.

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: none at PAL. would need support

Specific Health & Medical Needs ☐ No ☑ Yes – List: mild astigmatism. strbismus. Communicate what you are doing.

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
gait belt when on/off bus. strength always have staff w/ him. may vary.
☐ 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 model community safety. wheel chair in community.

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: avoid small holes. if to excited rub arms/head. reminders to be gentle. redirect to other activities. move if grabbing.

Important To: family. water play. 1:1 choices.

Important For: staff to help walk. being included. getting to know him.

Likes: water play. music. sweets. peers.

Dislikes: tomatos. orange juice. not being included. waiting.

Describe Communication Style:
Vocalizations. gestures. facial exp. body lang.

Staff: Anna Wrich

Date: 11/16/21

Service Recipient: Matt Martinson

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: unable 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
join a group activity	visit another Program room

Technology Use: Phone

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: Bees, Codeine, Penicillin, Pollen ragweed. Zyrtec meds

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports : reminders to slow down and chew. cut hard to chew items into nickle size.

Chronic Medical Conditions ☐ No ☐ Yes – List: Circulatory Problems. don't Push him to hard. if he seems tired : rest!

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports : Epi Pen by staff

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
Point out dangerous areas. curbs etc.

☐ 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 model community safety.

Sensory Disabilities ☐ No ☐ Yes – List: Loud noise.

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

Important To:	Important For:
rats, outings. interacting w/ peers. family.	Independence. Epi Pen interacting w/ others. being included
Likes: rats. light rail. Air Planes. bowling.	**Dislikes:** Loud noise. Veggies being forced.

Describe Communication Style: Verbal

Staff: Nikki Kerelak

Date: 11/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Chris S.

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: unable 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 visit another room

Outcome #2 engage in sensory activities w/ staff

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: pollen

Epi Pen/Treatment ☒ No ☐ Yes Location: —

Seizures ☐ No ☒ Yes – Describe: history → break through

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: nickle-sized pieces / stand and walk if difficulty swallowing / drink 2-3 bites

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: mild astigmatism, strbismus, bring items close & communicate

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: gait belt & walk with stability / strength varies day-to-day

☐ 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, safety skills / wheelchair

Sensory Disabilities ☒ No ☐ Yes – List: —

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: avoid objects w/ small holes too excited → rub arms / head, reminders to be gentle redirection to sensory activities, move to safe spot

Important To: family, water play, 1:1 staff, choices

Important For: staff assists walking, inclusion, staff gets to know him

Likes: water play, music, sweets, peers,

Dislikes: tomatoes, orange juice, not included, having to wait

Describe Communication Style: non-verbal, vocalizations, gestures

Staff: Nikki Kereluk

Date: 11/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Matthew 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: Cannot 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 join group activity in room.

Outcome #2 visit another program room.

Technology Use: phone → videos @ home

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: bees, codiene, penecillin, pollen, ragweed, sulfa

Epi Pen/Treatment ☐ No ☒ Yes Location: in room

Seizures ☒ No ☐ Yes – Describe: —

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: "slow down" chew thoroughly" cut hard items ÷ nickle size

Chronic Medical Conditions ☐ No ☒ Yes – List: circulatory problems → don't push too hard. if tired → take a rest

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: epi given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: point out areas of danger (curbs, ice)

☐ 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 community safety, supervision

Sensory Disabilities ☐ No ☒ Yes – List: loud noises can bother him.

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

Important To: rats, outings, peers, Chris, family

Important For: independence, epi pen, interaction, inclusion

Likes: rats, lightrail, watching airplanes, bowling,

Dislikes: loud noises, vegetables, being forced to do things.

Describe Communication Style: Verbal

Staff: Gaines, Suzie

Date: 11/16/2021

PAI

Service Recipient: Chris

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 Visiting another room

Outcome #2 Engaging sensory items w/ staff

Technology Use: No

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Fluion

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Break through seizures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Cut into nickel size. Give 1 piece at a time.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Not at pai- but if needed. Staff would give it.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
- Mid-a-Stiamo
- Str his mums
- bring items closer to see

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
- Gate belt on/off bus
- Someone w/ him while walking

☐ 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 Model pub. ~~Staff~~ Safety. Wheel Chair.

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Avoid groin holes. rub arms / head is overly Remind to be gentle.

Important To: family, Water Play. Iconic/Sign Choices,

Important For: Staff help him walk, being included. Staff gets to know him.

Likes: Water play, music, sweets, being around pears, trains.

Dislikes: OJ, not being included. having to wait too long.

Describe Communication Style: Non Verbal, body language

Staff: Gaines, Suzie

Date: 11/17/2021

PAI

Service Recipient: Matthew Matterson

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 Join a group activity in room

Outcome #2 Visit another room

Technology Use: Phone to movies.

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Bee's / Codine / penacillin.

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
- Slow down
- hard to Chew - cut into small pieces
- Chew everything.

Chronic Medical Conditions ☐ No ☐ Yes – List:
- blood - cir.
- don't push to hard.
- Seems tired - tell him to rest.

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports :
Epi pen - given by staff

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
- Verbal Cues
- point out areas might be dange.
- like curbs

☐ 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 Model push. Safety / Keep eyes on him.

Sensory Disabilities ☐ No ☑ Yes – List: Sometimes loud noises - fire drill.

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

Important To:
- Rats
- family
- outing
- interact w/ peers

Important For:
- Jobs
- peer - inter
- Epipens
- being included

Likes:
- rats
- bowling
- light rail
- watching airplanes

Dislikes:
- loud noise
- Vegetables
- being forced doing he doesn't like

Describe Communication Style: Verbal

Staff: Dave Twu

Date: 11/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Chris S.

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: Unable 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
Visiting another Room	Engaging in sensory activities

Technology Use: No

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Pollen

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: History of Brain Inj sci 2016

Seizure PRN ☒ No ☐ Yes Location:

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

Cut into nickel-size pieces. (Will proceed if free of meat)

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

Mild stigmatism, strabismus,

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

☐ Support straps/belts needed Grid belt off the bus

☒ 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 Model pedestrian safety. [w/c in community]

Sensory Disabilities ☒ No ☐ Yes – List:

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

Don't let him get his fingers in a small hole. Be (Moving him in a new spot) (Water) (CAN'T Spit)

Important To:	Important For:
Choices, Family, water play, 1:1 with staff, being included	staff help him walk, staff knows him
Likes:	**Dislikes:**
WATER- play, Music, sweets being around pools, Vanna White	Tomatoes, orange juice Not being included, having to wait.

Describe Communication Style:

Non-verbal, vocalizations, gestures, body language.

Dave Tulve

Staff: ~~Matthew Mattison~~

Date: 11/16/21

PAI

Service Recipient: Matthew Mattison

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
Join a group activity in room	Visit another program room.

Technology Use: Phone to watch videos

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, Codeine, Penicillin, Pollen, Ragweed, SULFA

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Slow Down, Hard to chew items. cut into quarter size pieces.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Circulatory problems - Don't push to hard.

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

Epi-pen would be given by staff

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

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

Point out uneven areas while outside.

☐ 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 Modeling community safety. Keep Matthew in eyesight

Sensory Disabilities ☐ No ☒ Yes – List:

Loud noises can bother him.

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

Important To: RATS, Outings, interacting with peers, Family	Important For: Independence, Epi-pen interacting with others, being included
Likes: RATS, Light Rail, watching airplanes, bowling.	Dislikes: Loud noises, Vegetables, Being forced to do something he does not like

Describe Communication Style:

Verbal

Staff: Dan P.

Date: 11/16/21

PAI

Service Recipient: Christ S.

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
Visit other rooms	sensory activities

Technology Use: Visual cards

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Pollen

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Breakthrough seizures

Seizure PRN ☑ No ☐ Yes Location:

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

cut into bite size pieces give 1 piece at a time

Chronic Medical Conditions ☐ No ☑ Yes – List:

hypermetropism

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

mild hypermetropism strabismus

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

bring items closer for him to see. Communica

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

Gate belt on and off bus

☑ Support straps/belts needed staff walk with him

☑ 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 Model safety uses wheelchair

Sensory Disabilities ☑ No ☐ Yes – List:

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

avoid small holes (He puts his fingers in them) Rubbing arms and head calm him down

Important To:	Important For:
family, water play, 1:1 with staff, having chores	staff help him walk, being included
Likes:	**Dislikes:** having to wait too long
water play, music, sweets, being around peers	tomatoes, O.J., not being included

Describe Communication Style:

Nonverbal - communicates with verbalizations, expressions

Staff: Dan P.

Date: 11/16/21

PAI

Service Recipient: Matthew 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 join a group activity

Outcome #2 Visit another program room

Technology Use: Phone for Videos

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Bees, codine, Penecillin, Pollen, ragweed, Sulfa

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

tell to slow down, cut hard to chew items into bite size

Chronic Medical Conditions ☐ No ☑ Yes – List:

Circulatory problems, don't push too hard, if seems tired tell him to rest

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

epipen by staff

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

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

Verbal cues and physical assistance

☐ 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 Modeling Safety remain in eyesight

Sensory Disabilities ☐ No ☑ Yes – List:

loud noises

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

Important To:	Important For:
rats, outings, interacting with peers, family	independence, epipen, interacting with others
Likes:	**Dislikes:**
rats, light rail, airplanes, bowling	loud noises, vegtables, reinforced to do things he doesn't like

Describe Communication Style:

Verbally

Staff: John Gebhardt

Date: 11-16-21

PAI

Service Recipient: Chris Swigger

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
Visit another room	Sensory activity with staff

Technology Use: NO.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Pollen

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: History of "Breakthrough seizures"

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Food cut in nickel sizes. 1 on 1 staff ratio when eating.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Staff to administer when needed.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Mild stigmatism and strbismus. (side vision)

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Verbal cues, physical support/assistance

☒ Support straps/belts needed

☑ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker
☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

uses wheelchair

Community & Water Safety Skills ☒ No ☐ Yes Model and demonstrate safety to Him

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Rub his arms and his head, redirect to ther places if necessary.

Important To:	Important For:
His Family Waterplay staff. Having choices	That staff get to know him + how he communicates
Likes: Staff, peers, TV, animals	**Dislikes:** Tomatos, Orange Juice Being ignored. Waiting

Describe Communication Style: Non-Verbal. uses boy gestures Body language.

Staff: John Gebhardt

Date: 11-16-21

PAI

Service Recipient: Matthew Martin

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
-Join others in the room.	Visit another program room

Technology Use: I pad,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, Codine, Pennicillin, Pollens, Sulfa Meds. — Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe : — Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
Remind to eat slowly, chew thoroughly. Nickel sizes,

Chronic Medical Conditions ☐ No ☒ Yes – List:
Circulatory problems, Tell him to rest if tired.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
EPI Pen given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Verbal cues physical assistance
☐ 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 Model community safety. Eyesight,

Sensory Disabilities ☐ No ☒ Yes – List: Loud noises occationally (fire alarm)

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

Important To:	Important For:
Rats, outings, peers Family - Mom,	Independence. Being Included
Likes: Rats, Light Rail, Seeing Planes Bowling	**Dislikes:** Loud noises. Vegetables, Forced to do things.

Describe Communication Style: Verbal.

Staff: Kathryn Stein

Date: 11/16/21

PAI

Service Recipient: Chris S

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: unable 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 visiting another room

Outcome #2 engaging in sensory activities with staff

Technology Use: "Yes" "No" "Maybe" buttons at home

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Pollen

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: history of breakthrough seizures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: nickel sized pieces, needs to stand and walk if difficulty swallowing, offer drink every 2 to 3 bites

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: mild stigmatism, strabismus, communicate what you're doing and bring items close so he can see

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: gait belt for bus, staff walking with 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 model and demonstrate safety, Wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: avoid things with small holes will put fingers inside, if overstimulated rub his head or arm, remind him to be gentle, redirect to different activities, loves water buckets

Important To: family, water play, 1 v 1 with staff, choices

Important For: staff help him walk, being included, staff get to know him and how he communicates

Likes: water play, music, sweets, being around peers

Dislikes: tomatoes, orange juices, not being included, having to wait

Describe Communication Style: nonverbal, vocalizations, body language

Staff: Kathryn Stein

Date: 11/16/21

PAH

Service Recipient: Matthew 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: unable 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 join group activity in his room

Outcome #2 visit another program room

Technology Use: phone to watch videos

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, codeine, penicillin, pollen, ragweed, sulfa med

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : telling him to slow down and chew ~~food~~, hard to chew items

Chronic Medical Conditions ☐ No ☒ Yes – List: circulatory problems, don't push him too hard, if tired tell him to rest

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : epi pen given by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: verbal cues, point out curbs, ice

☐ 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 modeling community safety, keep in eye sight

Sensory Disabilities ☐ No ☒ Yes – List: loud noises, fire alarms

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

Important To: rats, outings, interacting with peers, family

Important For: independence, Epi pen, interacting w/ others, being included

Likes: rats, light rail, watching airplanes, bowling,

Dislikes: loud noises, vegetables, being forced to do things he doesn't like

Describe Communication Style: Verbal

Staff: Dennis Mora

Date: 11/17/21

PAT

Where People with Disabilities Connect with the Community and the World

Service Recipient: Chris Swiger

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: unable 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
visit another room	engage in sensory w/ staff

Technology Use: yes / no / maybe buttons

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: pollen

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: history of breakthrough

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: food cut medium sized pieces, stand + walk, if trouble swallowing after drinks

Chronic Medical Conditions ☒ No ☐ Yes – List: Angelmans Syndrome

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: none at PAT would need support

Specific Health & Medical Needs ☐ No ☐ Yes – List: mild astigmatism, strabismus communicate what you are doing

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: gait belt when on/off bus, always have staff w/ him. strength may vary

☐ 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 model community safety wheelchair in community

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: avoid small holes, if to excited gentle rub of arms / head. redirect if grabbing

Important To: family, choices, water, 1:1

Important For: staff to help walk, being included

Likes: water play, music, sweets, purses

Dislikes: tomatoes, orange juice, not being included, waiting

Describe Communication Style: vocalizations, gestures, facial exp, body lang

Staff: Dunnz Mowe

Date: 11/7/21

PAI

Service Recipient: Matthew Martinson

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: unable 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 join a group activity

Outcome #2 visit another program room

Technology Use: phone

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees, soy, wheat, peanuts, penicillin, pollen, vitamins

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : demand chew, cut hard to chew, reminders, to slow items nickel size

Chronic Medical Conditions ☐ No ☒ Yes – List: circulatory problems, don't push him hard if he seems exhausted

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : epi pen by staff

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: point out dangerous areas curbs etc

☐ 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 model community safety

Sensory Disabilities ☐ No ☒ Yes – List: loud noize

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

Important To: pets, outing, interacting w/peers, family

Important For: independence, epi pen, interacting w/others, being mental and

Likes: pets, trains, airplanes, boating

Dislikes: loud noise, vegies, forced to do things

Describe Communication Style: verbal

Staff: Hayden Aiken

Date: 11/6/21

PAH

Service Recipient: Matt 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 join group activity

Outcome #2 visit other program room

Technology Use: phone

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bees salty Penicillin Pollen cedar Ragweed

Epi Pen/Treatment ☐ No ☒ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Reminders to slow down cut bite size

Chronic Medical Conditions ☐ No ☒ Yes – List: Circulatory problems

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

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

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

☐ Support straps/belts needed Assistance

☐ 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 community safety

Sensory Disabilities ☐ No ☒ Yes – List: loud noises

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

Important To: Rats outings Peers family

Important For: independence epi pen interacting w/ others

Likes: Rat lightrails watching airplanes

Dislikes: Loud noises veggies do things he doesn't like

Describe Communication Style: Verbal

Staff: Andrea Green

Date: 11-16-21

PAI

Service Recipient: Chris S.

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 visit other rooms

Outcome #2 enage in sensory act/stuff

Technology Use: N/A

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Pollen

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : History of breakthrough seizures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Bite size drink every 2-3 bites

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: mild asthma, strabismus

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: walk w/ 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 Uses wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Too excited Rub arms/head. Avoid things w/ small holes. Keep him gentle safe area

Important To: mom, water, play, loved ones, crocs

Important For: staff help him walk, be included, staff know

Likes: water play, music, sweets, being around peers

Dislikes: tomatoes, OJ, waiting

Describe Communication Style: gestures, vocalizations, expressions

Staff: Renee Schmidt

Date: 11/18/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Matthew 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: Unable 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: Unable 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 Join in group activity

Outcome #2 Visit another program Room

Technology Use: Phone

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Vitamed Bees, Coedin, Penicillin Pollen, Ragweed

Epi Pen/Treatment ☐ No ☑ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : reminders to slowdown Chew food. cut hard to chew items into nickle size.

Chronic Medical Conditions ☐ No ☐ Yes – List: Circulatory Problems. Dont Push to hard if he seems tired let rest

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports : epi pen by staff

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

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

Point out dangerous areas, curb etc

☐ 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 Model Community Safty

Sensory Disabilities ☑ No ☐ Yes – List: Loud noise

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

Important To: Rats, outing, interacting w/peer. family

Important For: Independence being included, interacting w/others

Likes: Rats. Lightrail Air planes Bowling

Dislikes: Loud noise, vegetables being forced to do thing

Describe Communication Style:

Verbal

Staff: Renee Schmidt

Date: 11/18/21

PAI

Service Recipient: Chris Swiger

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: Unable 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 visit other rooms

Outcome #2 engage in sensory w/ staff

Technology Use: Yes / No / maybe - Buttons

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Pollen

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: History

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports:
food cut into nickle size pieces
stand/walk if trouble swallowing

Chronic Medical Conditions ☐ No ☐ Yes – List:
Angelmans syndrome

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports: none at PAI
would need support

Specific Health & Medical Needs ☐ No ☐ Yes – List: Mild astigmatism
Communicate what you are doing.

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
gait belt when on/off bus
Strength may very always have staff
☑ 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 model community safty /WheelChair in Comm.

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:
excited rub arm/head move if grabbing
reminders to be gentle to others

Important To: family, water play, ball, peers
Choices

Important For:

Likes: Water play music Sweets
Peers

Dislikes: tomatoes, orange juice
noting including waiting

Describe Communication Style:
Vocalizations, gestures, facial expressions body language