Competency Tracking Form

Participant: Arnold Levine **Annual Service Span:** March 2021 - February 2022

Annual Meeting Date: — **Date Assigned to Lead:** —

Competency Quiz Due for all Staff: —

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

*Arnold returned to services @ PAI on 11/29/2021 after taking a break due to covid

Date Completed	Initials	Full Name
12/6/21	AA	Ann Alberg
12/2/21	DB	Destiny Barnes
		Lori Bauernfeind on leave 12/2
11/29/2021	AB	Austin Bofferding
11/29/2021	JB	Juan Bonilla
12/2/21	LC	Lynn Champagne
11/29/2021	IC	Isabelle Cooper
12/2/21	NG	Nicci Gangl
12-2-21	JH	Jesse Haug

Date Completed	Initials	Full Name
11/29/2021	CK	Cortney Kelly
		~~Kevin Kmetz~~ N/A
12/2/21	JK	Justyn Kriel
11/29/2021	DN	Dawn Nelson
11/29/2021	MP	Monti Patrick
12/2/21	AR	Anneliese Robinson
12/2/21	SS	Shelley Stover
12/02/21	SV	Soua Vang
12/6/21	EW	Erica Wubben

Date Uploaded to LMS: _____

Staff: Ann Alby

Date: 12/6/21

Service Recipient: AL

Service Span: March 2021 F. 2022

Outcomes:

Outcome #1: Arnold will pick and participate in one comm. outing.

Summarize Steps: Staff will approach Arnold w/ a list @ beggng of the month
Arnold will verbally choose a point

Outcome #2: Arnold will attend his morning class indipendtly.

Summarize Steps: arnold will have 5 to 10 minutes to settle in
Arnold will be reminded of his schedule Arnold will attend class staff redirect if he doesn't

Communication Style: Verbal

Learning Style: Verbal instruction + hands on practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: Jupter Benadrid
Seizures: ☐ No ☒ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: wears dentures reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: encourage to eat snack & lunch brings home leftovers
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: nothing on file no new updates from house DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports: nn med
Personal Cares: ☒ No ☐ Yes	Describe Supports: Catheter leg bag empty when 1/2 full + record out put needs BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady → offer hand during ofstacls/slippery conditions on walk beside
Community Support: ☒ No ☐ Yes	Describe Supports: carries info model street safty provide supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss no and make eye contact + repeat
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: skin picking reminds not to verbally/physally ask to stop redirect
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: no alone time
Important to: taking time off thank of actions coffee shopping	
Important for: Maintaining health Staying active community	
Likes: taking time off eating shopping working on cards	
Dislikes: bossy people icecream rude people	

Lead Review Completed: Courtney Kelly 12/8/21

Staff: Destiny
Date: 12/2/21

Service Recipient: AL
Service Span: MAR 2021 - Feb 2022

Outcomes:

Outcome #1: PICK | PARTICIPATE IN 1 OUTING / MONTH.
Summarize Steps: VERBALIZE / POINT TO AN OUTING

Outcome #2: ATTEND MORNING CLASS INDEPENDENTLY.
Summarize Steps: SETTLE IN, REMINDER TO GO TO CLASS.

Communication Style: VERBAL

Learning Style: VERBAL INSTRUCTION / GROUP PRACTICE

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: Adhesive bandages, latex, ointment - AVOID
Seizures: ☐ No ☑ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: DENTURES, REMINDER TO SLOW DOWN
Specialized Diet: ☑ No ☐ Yes	Describe Supports: ENCOURAGE TO EAT OR BRING HOME FOOD
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: N/A — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☐ Yes	Describe Supports: CATHETER BAG
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: UNSTEADY. OFFER A HAND/ARM
Community Support: ☑ No ☐ Yes	Describe Supports: SUPERVISION, SAFETY, ETC.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: HEARING LOSS, REPEAT, EYE CONTACT, LOUD
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: PICKING, VERBAL
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: TIME OFF, COFFEE, SHOPPING, VACATIONS

Important for: HEALTH, ACTIVE, COMMUNITY

Likes: TIME OFF, RESTING, SHOPPING, WORKING ON CARDS

Dislikes: BOSSY/RUDE PEOPLE, ICE CREAM

Lead Review Completed: Courtney Kelly 12/8/21

Staff: Austin Boffeschiny
Date: 11/29/21

Service Recipient: Arnold
Service Span: 3/1/21 - 2/29/22

Outcomes:

Outcome #1: Arnold will plan and participate in one community outing per month.
Summarize Steps: Staff will approach Arnold w/list @ beginning of month
Arnold will verbally choose or point

Outcome #2: Arnold will attend his morning class independently.
Summarize Steps: Redirect to class

Communication Style: Verbal.

Learning Style: Verbal Instruction and practice.

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: Adhesive bandages, latex and ointments.
Seizures: ☐ No ☑ Yes	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: Dentures, reminders to slow down.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: underweight.
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☑ Yes	Describe Supports:
Personal Cares: ☑ No ☐ Yes	Describe Supports: Catheter bag, empty when half full record Outcome, help w/BM's.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Unsteady.
Community Support: ☑ No ☐ Yes	Describe Supports: Street Safety.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Hearing loss, no Hearing aids.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: picking at skin, grumpy.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No Alone time.
Important to: time off, ~~sweets~~ vacation time, shopping, coffee.	
Important for: maintaining health, staying active, community.	
Likes: Resting, taking time off, shopping, working on cards.	
Dislikes: Bossy people, ice cream, rude people.	

Lead Review Completed: CK 11/29/21

Staff: Juan

Date: 11-29-21

Service Recipient: ~~Arnold~~ AL

Service Span: March 2021 - Feb 2022

Outcomes:

Outcome #1: Arnold will pick & participate in 1 community outing.
Summarize Steps: Staff will approach Arnold w/ a list & have arnold pick 1

Outcome #2: Arnold will attend his morning class independently.
Summarize Steps: Arnold has morning time to settle in, Staff will remind him of his schedule.

Communication Style: verbal

Learning Style: verbal instruction & through practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: Allergic to adhesive bandages, latex, ointments
Seizures: ☐ No ☑ Yes	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: wears dentures & needs verbal reminders to slow down.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: underweight, → encourage to eat lunch
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes nothing on file, no updates from home
Medication at PAI: ☐ No ☑ Yes	Describe Supports: no medications
Personal Cares: ☑ No ☐ Yes	Describe Supports: cath & bag, empty when half full & record output, help w bms
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady, Staff will offer a hand if refused Staff will walk beside him
Community Support: ☑ No ☐ Yes	Describe Supports: carry id info, model street safety, provide supervision.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: hearing loss, make eye contact, repeat
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: skin picking - reminders not to. verbal/physical - ask to stop/redirect.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no alone time
Important to: taking time off, thinking of vacations, coffee, shopping	
Important for: maintaining health, staying active, community	
Likes: taking time off, resting, shopping, working on cards.	
Dislikes: bossy people, ice cream, rude people	

Lead Review Completed: CK 11/29/21

Staff: Lynn Champagne
Date: 12/2/21

Service Recipient: A. L
Service Span: March 21 - Feb 22

Outcomes:

Outcome #1: Participate in 1 outing per month pick one.
Summarize Steps:

Outcome #2: Will attend class independly - redirect him
Summarize Steps: if wandering the buildings

Communication Style:
Verbal

Learning Style:
Verbal instruction +

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: Bandages - latex + ointments
Seizures: ☐ No ☑ Yes	Describe Supports: no seizures
Choking: ☑ No ☐ Yes	Describe Supports: Wears dentures - slow down eating
Specialized Diet: ☑ No ☐ Yes	Describe Supports: encourage to eat snack - leftover good to go home
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☑ Yes	Describe Supports: no meds taken here
Personal Cares: ☑ No ☐ Yes	Describe Supports: needs catheter bag emptied
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: Very unsteady - need to hold his hand
Community Support: ☐ No ☐ Yes	Describe Supports: help with all basics
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: hearing loss, but no hearing aides
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: skin picking, physically + verbally aggressive
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no alone time

Important to:
Taking time off coffee, vacations, shopping

Important for:
getting in community, staying healthy

Likes:
Time off, work on cars, shopping

Dislikes:
rude people - ice cream, bossy people

Lead Review Completed: Brittany Kelly 12/8/21

Staff: Isabelle Cooper
Date: 11/29/21

Service Recipient: Arnold L
Service Span: March 2021 - Feb 2022

Outcomes:

Outcome #1: Arnold will pick & participate in one community outing / per month.
Summarize Steps: - Staff will approach Arnold w/ list @ beginning of month
- Arnold will verbally choose or point

Outcome #2: Arnold will attend his morning class independently
Summarize Steps:
- Arnold will take 5/10 minutes to settle in
- Arnold will be reminded of his schedule
- Arnold will attend class
- staff redirection if he doesn't

Communication Style: Verbal

Learning Style: Verbal instruction & through Practice

Is this person able to self-manage according to the **IAPP, SMA & GSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: adhesive bandages, latex, ointments → when providing first aid avoid these.
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: wears dentures, reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: under weight → encourage to eat snack & lunch, bring home leftovers
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes — Nothing on file, no updates from house
Medication at PAI: ☐ No ☒ Yes	Describe Supports: no medications
Personal Cares: ☒ No ☐ Yes	Describe Supports: Catheter & bag, empty when half full & record output, help w/ BM's
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady → offer hand during obstacles/slippery surfaces or walk beside
Community Support: ☒ No ☐ Yes	Describe Supports: Carry ID info, model street safety, provide supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss, no aids. Make eye contact & repeat self
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Skin picking - reminders not to. verbal/physical - ask to stop, redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time
Important to: taking time off, thinking of vacations, coffee, shopping	
Important for: maintaining health, staying active, community	
Likes: taking time off, resting, shopping, working on cards	
Dislikes: bossy people, ice cream, rude people	

Lead Review Completed: CK 11/29/21

Staff: Nicci Gang
Date: 12/2/21

PAI

Service Recipient: Arnold L.
Service Span: March 2021-Feb 2022

Outcomes:

Outcome #1: Will pick and participate outings 1x a month.
Summarize Steps:
Offer - he'll choose

Outcome #2: Will attend class independently.
Summarize Steps:
Get here - tell him his schedule

Communication Style:
Verbal

Learning Style:
Verbal Instruction

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: Adhesive - bandages - Latex - Ointment
Seizures: ☐ No ☒ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Wears denture - needs reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Under weight - encourage to eat lunch - snacks
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: Has a catheter bag - needs help to empty it.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Hold hand while walking around
Community Support: ☒ No ☐ Yes	Describe Supports: Needs help w/ supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss - speak loudly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time here @ PAI

Important to:
taking time off, coffee, vacations

Important for:
Maintaining health + staying active

Likes:
taking time off, shopping, working on cards

Dislikes:
Bossing or rude people - Icecream

Lead Review Completed: Cortney Kelly 12/8/21

Staff: Jesse Haug
Date: 12-2-21

Service Recipient: AL
Service Span: 3/21 - 2/22

Outcomes:

Outcome #1: Pick / participate 1 outing a Month
Summarize Steps: Show options / choose

Outcome #2: Attend AM class independently
Summarize Steps: 5-10 Min to settle in, show schedule, redirect

Communication Style: Verbal

Learning Style: Verbal & Practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: Adhesive bandage, Latex, ointment
Seizures: ☐ No ☑ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: dentures / reminders to slow down
Specialized Diet: ☑ No ☐ Yes	Describe Supports: encourage to eat snack & lunch
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☑ Yes	Describe Supports: N/A at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: needs help w/ cathiter & after BM
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady & staff assist w/ walking
Community Support: ☑ No ☐ Yes	Describe Supports: help with all basics
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: hearing loss
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: skin Picking & aggresive at times
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO allone time

Important to: time off, vacation, coffee, shopping

Important for: Maintain Health, active, community outings

Likes: time off, resting, shopping, cards

Dislikes: busy / rude people, ice cream

Lead Review Completed: Cortney Kelly 12/2/21

Staff: Cortney Kelly
Date: 11/29/2021

PAI

Service Recipient: AL
Service Span: March 2021 - Feb 2022

Outcomes:

Outcome #1: Arnold will pick e participate in one community outing per month.
Summarize Steps:
- Staff will approach Arnold w/ list @ beginning of month
- Arnold will verbally choose or point

Outcome #2: Arnold will attend his morning class independently
Summarize Steps:
- Arnold will have 5/10 minutes to settle in,
- Arnold will be reminded of his schedule
- Arnold will attend class
- Staff redirection if he doesn't

Communication Style: verbal

Learning Style: verbal instruction + through practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: adhesive bandages, latex, ointments → when providing first aid, avoid
Seizures: ☐ No ☒ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: wears dentures, reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: underweight → encourage to eat snack + lunch, bring home leftovers
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: nothing on file, no new updates from house — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports: no medications
Personal Cares: ☒ No ☐ Yes	Describe Supports: Catheter + bag, empty when half full + record output, help w/ BM's
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady → offer hand during onstacles/slippery conditions or walk beside
Community Support: ☒ No ☐ Yes	Describe Supports: Carry ID info, model street safety, provide supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss, no aids. Make eye contact + repeat
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: skin picking - reminders not to. verbal/physical - ask to stop, redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time
Important to: taking time off, thinking of vacations, coffee, shopping	
Important for: maintaing health, staying active, community	
Likes: taking time off, resting, shopping, working on cards	
Dislikes: bossy people, ice cream, rude people	

Lead Review Completed: CK 11/29/21

Staff: Justyn Kriel
Date: 12/2/21

Service Recipient: Arnold L.
Service Span: March 21 - Feb 22

Outcomes:

Outcome #1: Pick/participate in 1 activity a month.
Summarize Steps:
Show him/ask him and he picks

Outcome #2: Attend morning class independently.
Summarize Steps:
remind him of schedule, redirect when needed

Communication Style:
Verbal

Learning Style:
Verbal instruction/practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☑ No ☐ Yes	List & Describe Supports: adhesive bandages, latex, ointment
Seizures: ☐ No ☑ Yes	Describe Supports: none
Choking: ☑ No ☐ Yes	Describe Supports: dentures, reminders to slow down
Specialized Diet: ☑ No ☐ Yes	Describe Supports: encourage snack + lunch. Send home if uneaten
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☑ Yes	Describe Supports: none at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: empty bag when over ½ full, help with bm cleanup
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: hold hand while walking
Community Support: ☑ No ☐ Yes	Describe Supports: supervision, street safety, wallet management
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Hearing loss eye contact, speak up
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: skin picking, verbally/physically aggressive
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: none at PAI
Important to: Time off vacations, coffee, shopping	
Important for: Health, activity, community	
Likes: Time off, resting, shopping, cards	
Dislikes: Bossy/rude people ice cream	

Lead Review Completed: Cathy Kelly 12/3/21

Staff: Dawn Nelson
Date: 11/29/21

Service Recipient: AL
Service Span: 3/1/21 - 2/29/22

Outcomes:

Outcome #1: pick/participate in 1 community outing
Summarize Steps:
staff will approach him at 1st of month, he will pick his outing

Outcome #2: He will attend his morning class independently
Summarize Steps:
Settle in, then go to his morning class or work floor (remind him if you need to)

Communication Style:
verbal

Learning Style:
verbal instruction & practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: Adhesive bandages, latex ointments
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☐ No ☒ Yes	Describe Supports: N/A - wears dentures; reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: underweight
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Catheter bag - need to be ~~under~~ emptied by staff, record in his notebook
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: carry ID info, model street safety, provide supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: picks at sores
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time

Important to:
Taking time off, vacations, coffee, shopping

Important for:
staying active, community, maintaining health

Likes:
taking time off, resting, shopping, working on cards

Dislikes:
bossy people, ice cream, rude people

Lead Review Completed: CK 11/29/21

Staff: Munti Patrick

Date: 11/29/21

Service Recipient: AL

Service Span: 3/1/21 - 2/29/22

Outcomes:

Outcome #1: Arnold will pick participate in one community outing per month.

Summarize Steps:

- ~~Staff will have 5 to min to settle in~~ - staff will approach Arnold will ist ce begins almost
- Andlc will verbally choose or point

Outcome #2: Arnold will attend his morning class independently.

Summarize Steps:

- Arnolc will have 5/10 min to settle in
- Annolc will be reminded of his schedule
- Annold will attend class
- staff redirection if he doesn't

Communication Style:

verbal

Learning Style:

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: late, adhesive bandage, ointment
Seizures: ☐ No ☒ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Denture, reminder slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: under weight, bring home leftover
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: nothing on file — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☒ Yes	Describe Supports: ~~[illegible]~~ no meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: write void amount in book
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: walk beside if needed
Community Support: ☒ No ☐ Yes	Describe Supports:
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hear loss no hearing aids
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: pick at skin, verbal aggression
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time

Important to: taking time off, shopping, coffee, vacations

Important for: staying active, community, maintaining health

Likes: time off, working on card, resting, shopping

Dislikes: bossy people, ice cream, rude people

Lead Review Completed: UK 11/29/21

Staff: Anneliese Robinson
Date: 12/2/21

Service Recipient: AL
Service Span: 03/2021 - 02/2022

Outcomes:

Outcome #1: will pick and participate in 1 outing a month.
Summarize Steps:
- staff present outing calendar
- Arnold will pick an outing and attend

Outcome #2: will attend morning class independently.
Summarize Steps:
- Upon arrival, staff will remind him of his schedule
- staff will encourage him to attend his class

Communication Style: verbal

Learning Style: verbal instruction and practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: Adhesive bandages, ointment and latex. staff will avoid these materials when providing first aid
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: wears dentures. staff to remind him to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: underweight. Encourage to eat snack and lunch. If not, make sure he does not just throw away
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes older
Medication at PAI: ☐ No ☒ Yes	Describe Supports: does not take medications at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: empty catheter bag when more than half full. Assistance with clean up
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer an arm for assistance
Community Support: ☒ No ☐ Yes	Describe Supports: needs supervision, staff to carry ID
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss w/ no hearing aids. speak loudly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB - skin picking. verbally/physically aggressive
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to: taking time off, vacations, coffee, shopping	
Important for: maintaining health, staying active, community	
Likes: taking time off, resting, shopping, working on cards	
Dislikes: bossy/rude people, ice cream	

Lead Review Completed: Catawny Kelley 12/8/21

Staff: Shelley

Date: 12/2/21

PAI

Service Recipient: Annmarie Cavaco

Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: one outing.

Summarize Steps: he will choose

Outcome #2: attend morning class independently.

Summarize Steps: remind, redirect if needed

Communication Style: Verbal

Learning Style: instruction / practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: abrasive bandaids, latex, ointment - Make sure not to use
Seizures: ☐ No ☒ Yes	Describe Supports: n/A
Choking: ☒ No ☐ Yes	Describe Supports: dentures - slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: encourage to eat - bring home uneaten food
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: n/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports: n/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Cashmere Bag - help w/ cleaning after BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady - hold arm when walking
Community Support: ☒ No ☐ Yes	Describe Supports: all support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB verbally/physically aggressive
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Ø alone time
Important to:	drive off vacations coffee shopping
Important for:	Maintain health, active, community
Likes:	drive off resting, shopping, ~~PE~~ walking, on cards
Dislikes:	boxy or rude people icecream

Lead Review Completed: Cortney Kelly 12/10/21

Staff: Sova Vang

Date: 12/02/21

Service Recipient: Arnold Levine

Service Span: 1/21 - 02/22

Outcomes:

Outcome #1: pick and participate in one outing a month.
Summarize Steps: Show list, try to let him pick or help him to pick

Outcome #2: IND come to class on his own.
Summarize Steps: 5-10 mins to settle in, remind schedule and classes, then redirect as needed.

Communication Style: verbal

Learning Style: verbal instruction, practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: adhesive bandages, ointments and latex
Seizures: ☐ No ☒ Yes	Describe Supports: None.
Choking: ☒ No ☐ Yes	Describe Supports: wears dentures, reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: underweight, encourage to eat or snack. If he doesn't eat make sure food goes home w/ him.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☒ Yes	Describe Supports: No meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: has cath and needs to be emptied. Possible BM cleaning needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady and hold his hand to assist.
Community Support: ☒ No ☐ Yes	Describe Supports: Needs basic help to carry his ID and such things.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss, no hearing aids.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Skin picking, can be verbally/physically aggressive.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Does not have any IND/alone time @ PAI
Important to: Taking time off, vacation, shopping, coffee	
Important for: Maintaining health, stay active, being out in his community.	
Likes: Take time off, resting, shopping, cards.	
Dislikes: Bossy/rude people, ice cream	

Lead Review Completed: Cortney Kelly 12/6/21

Staff: Erica W

Date: 12/6/21

Service Recipient: Arnold Guire

Service Span: 3/1/21 - 2/29/22

Outcomes:

Outcome #1: Arnold will pick a Participate in one Community.
Summarize Steps: outing per month.
- Staff will approach Arnold w/ list @ beginning of month
- Arnold will be reminded at his schedule
- Arnold will Attend class
- Staff reclinection

Outcome #2: Arnold will Attend his morning class he doesn't independently.
Summarize Steps: Arnold will mainly chase or point
Arnold will have 5/10 min to Settle in

Communication Style:
Verbal

Learning Style:
Verbal instructions + through Practice

Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes or no below

Allergies: ☒ No ☐ Yes	List & Describe Supports: avoid when providing first aid Adhesive bandages, latex, ointments,
Seizures: ☐ No ☒ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Wear's dentures, Reminder's to Slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Under-Weight → encourage to eat snacks, lunch
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes nothing on file, no new update from house
Medication at PAI: ☐ No ☒ Yes	Describe Supports: No medications
Personal Cares: ☒ No ☐ Yes	Describe Supports: help w/ BM's Catheter bag, empty when half full record output
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: or walk besides unsteady → offer hand during unstable/slippery conditions
Community Support: ☒ No ☐ Yes	Describe Supports: Carrys ID [redacted] info, model Street safty, Provide Supervison
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss, No hearing aid, make eye contact
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Skin picking - reminder's not to Verbal/Physical - ask to Stop, Recreat
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time
Important to:	taking time off, Coffee [redacted], Shopping, thinking of vaction [redacted] cards
Important for:	maintaining health, Staying active, Community
Likes:	taking time off, resting, shopping, Working on Cars
Dislikes:	bossy people, ice creams, rude People

Lead Review Completed: Cathy Kelly 12/8/21