



In-Service Training Log – Linden

Date:

12/14/2021

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Lindsay			Covid booster shots
.25	Lindsay			Telephone and personal communication devices
.50	Maddy & Emily			Competency reviews: AG and DW

Make up Date	Initial	EE ID	Last Name
	BA		Alport, Betsy
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
	SC		Christenson, Suzie
	AE		Cox, Alice
	MB		Gagner, Megan
	OC		Harris, Ocla
	HS		Her, Bao
	MH		Hetchler, Maria
	ND		Johnson, Natalie
	FK		Kalu, Festus
	DL		Lepley, Deanne

Make up Date	Initial	EE ID	Last Name
	NH		Larson, Nancy
	SM		Mafi, Sommer
	KM		Mason, Kanya
	DM		Mendes, Danielle
	CR		Rice Colette
	ES		Sandstrom, Erin
	LS		Stacken, Laura
	JT		Trimble, Jenny
	KP		Perry, Kathy
			Ranweiler, Sara

Make Up Date	Initial	EE ID	Admin Staff
	LD		Hiland, Lindsay
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff

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Competency Tracking Form

Linden Site

Alex Guthmann

Participant: Alexander Guthmann Annual Service Span: December 2021 – December 2022

Annual Meeting Date: 12/10/2021 Date Assigned to Lead: 12/13/2021 Quiz Due: 12/22/2021

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*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.

Date Completed	Initials	Full Name
✓ 12/16/21	BA	Alport, Betsy
✓ 12/14/21	KB	Bauch, Kia
✓ 1/10	MB	Bradshaw, Morgan
12/14/21	SC	Christenson, Suzie
✓ 12/14/21	SC	Christenson, Suzie
✓ 12/15/21	AC	Cox, Alice
✓ 12/16/21	MB	Gagner, Megan
✓ 12/14/21	OH	Harris, Ocla
✓ 12/14/21	BH	Her, Bao
✓ 12/16/21	MH	Hetchler, Maria
✓ 12-17-21	NY	Johnson, Natalie
✓ 12/16/21	FK	Kalu, Festus
✓ 12/13/21	MK	Kessler, Madeline
✓ 12/14/21	KA	Larson, Nancy
✓ 12/14/21	KM	Kanya M.

Date Completed	Initials	Full Name
✓ 12/14/21	MM	Mendes, Danielle
✓ 12-14	MM	Mendes, Danielle
12/14/21	CR	Rice, Colette
✓ 12-14-21	CR	Rice, Colette
12/14/21	ES	Sandstrom, Erin
✓ 12-14-21	ES	Sandstrom, Erin
✓ 12-14-21	JS	Stacken, Laura
✓ 12/14/21	OT	Trimble, Jennifer
✓ 12/14/21	MS	Mantelmeier
✓ 12/14/21	SM	Sommer, Maryjo
✓ 12/14/2021	AD	Amadio, AS
✓ 12/14/21	TL	Tristen Taylor
✓ 12/14/21	TG	Trey G
✓ 12/14/21	UH	Urie Hartman
✓ 12/16/21	DL	Dianne Zepley

on October

Date Uploaded to LMS: 1/12/2022



Competency Tracking Form

PAI "Oakdale"

Participant: DAVIS WOLF Annual Service Span: Dec 2021 - Dec 2022

Annual Meeting Date: 12.13.2021 Date Assigned to Lead: Emily Eisenpeter

Competency Quiz Due for all Staff: 1.11.2022

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.

Date Completed	Initials	Full Name
12.14.21	EE	Emily Eisenpeter
12-14-21	NK	Nancy Krasner
12-14-21	MS	Maura Sweeney
12-14-21	MK	Maddy Kessler
12-14/21	OH	Ocla Harris
12/14/21	SM	Summer Maki
12/14/2021	AD	Amanda Deas
12/14/21	TL	Teresa Ludwig
12/14/21	TG	Trey Gould
12-14-21	UH	Jim Hartman
12-14-21	DM	Danielle Mency
12-14-21	AFM	Alfredo Fierro-Montes
12/14/21	YH	Yvonne Hladky
12/14/21	BAA	Bao Hu
12/16/21	FK	Festus Kalu

Date Uploaded to LMS:

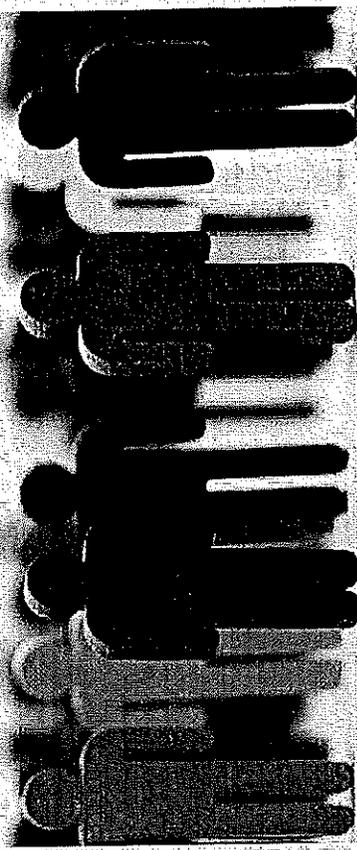
1/10/22 MB Morgan Bradshaw

1/7/21 AP Anna Pratt

Date Completed	Initials	Full Name
12.14.21	KU	Kanya Mbon
12-14	KP	Kathy Perry
12/14/21	SC	Suzie Christensen
12/14/21	JS	Janice S
12/14/21	OT	Jerry T. Oble
12-14-21	ES	Erin Sandstrom
12/14/21	JP	Jalysa Pratt
12/14/21	KB	Kia L. Bauch
12/14/21	CR	Colette Rice
12/15/21	AC	Alex Cox
12/16/21	DL	Deanne Leplay
12/16/21	BA	Betsy Airport
12/16/21	MB	Megan Wagner
12/16/21	MH	Melissa H
12/16/21	MBP	Melissa P
12-17-21	MG	Melissa G
12/28/21	PD	Parashya
12/31/21	SB	Sara Beza

**PAI-
Linden/Oakdale
Team Meeting**

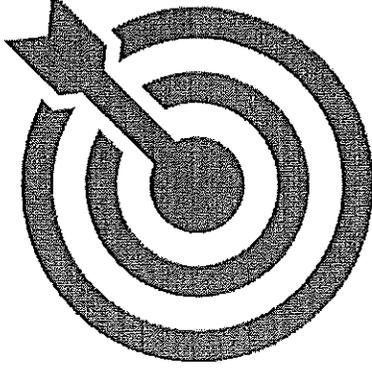
12/14/2021



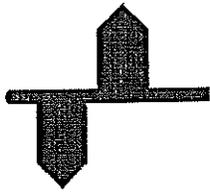
Agenda

Welcome
Site-Specific Updates
Employee Handbook Reviews
Competency Reviews
Plans for a Seasonal Celebration
Wrap Up

Use remaining time for LMS Trainings



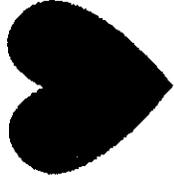
Welcome



Sign In



Introductions



A moment of gratitude

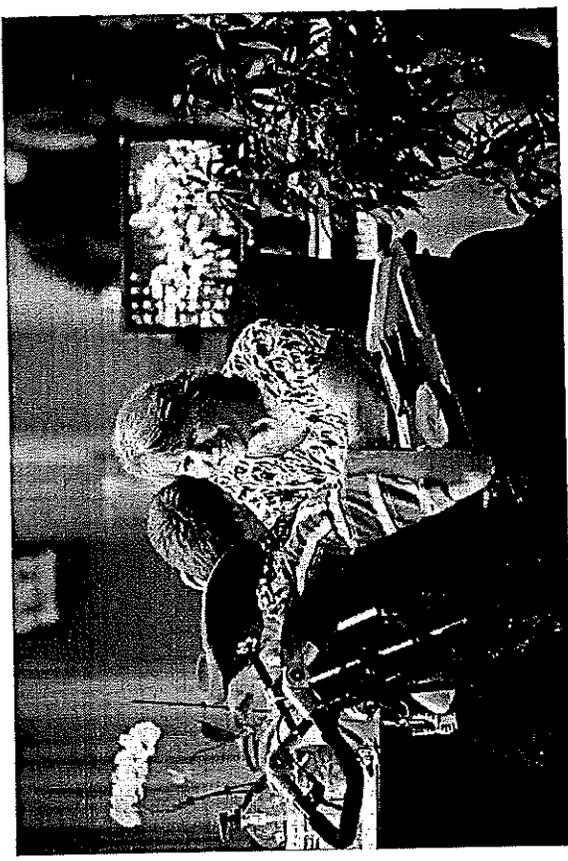
Site-Specific Updates

Staffing Updates

- Welcome Sommer and Kanya!
 - Sommer – Northstars
 - Kanya - Wild 1
- Tyler B. accepted offer – start date TBD
January

Trainings due by end of the month including:

- Competency and Semi-Annual Reviews
- Complete 2021 Trainings



Agency-Wide Updates



November 18, 2021

To: PAI Employees

From: Amanda Neumann

Re: COVID-19 Updates

PAI continues to monitor the changing rules, orders, and guidance of COVID-19, making any necessary changes to our COVID-19 practices consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) and the State of Minnesota.

On April 1, 2021, the American Rescue Plan Act was signed. This act defined reasons that an employee might qualify for emergency paid sick leave and expanded FMLA. These optional benefits expired on September 30, 2021. This means any time off due to COVID-19 will not be paid by the employer.

If you are experiencing COVID-19 symptoms, please do not report to work. Call your supervisor to discuss next steps. If you have been exposed to or tested positive for COVID-19, you must report it to your supervisor. Employees who must quarantine due to COVID-19 will need to use available PTO hours or unpaid time off when not enough PTO hours are available. PAI has made the temporary decision to allow employees use of their available Med Pool hours due to a positive COVID-19 test or a mandatory quarantine. Employees who do not have PTO or Med Pool hours available and test positive for COVID-19 or are required to quarantine, can temporarily use unpaid time off, this must be approved by your supervisor.



Agency-Wide Updates

Booster Shots:

We believe all employees qualify for a COVID-19 booster shot based on the nature of our work. We encourage employees to check with their physician regarding their specific situation. Employees who choose to receive a booster shot and provide a copy of their vaccination card will receive a \$50 payroll credit. Please email or send a picture of your vaccine card to Amanda Neumann, Human Resources Manager, at aneumann@paimn.org or 763-370-3483. Employees who submit proof of vaccination booster will receive their \$50 credit on the following payroll. January 28th will be the last day employees can turn in proof of their vaccination booster to receive the \$50 payroll credit.

Below is a list of resources for employees to use to help locate a booster shot. These steps are like the process for getting your COVID-19 vaccination, you can look for appointments at several locations to sign up for your booster.

- Use the state's Vaccine Locator Map (<https://mn.gov/covid19/vaccine/find-vaccine/locations/index.jsp>) to find a vaccine provider near you.
- Check for vaccine appointments at <https://www.vaccines.gov/>, where you can search for appointments by vaccine type (e.g., Pfizer).
- Contact your primary health care provider or a local pharmacy.
- Walk in to one of the state's COVID-19 Community Vaccination sites (<https://mn.gov/covid19/vaccine/find-vaccine/community-vaccination-program/index.jsp>).



Employee Handbook Review

www.paimn.org



PAI Policies and Procedures

- Policy Index
- 2021 Vaccinal Inoculation Support Services Policies and Procedures
- Admission PA1055-01
- Temporary Service Suspension PA1055-02
- Governance PA1055-03
- Data Privacy PA1055-04
- Emergency Use of Manual Restraint PA1055-05
- Responding to and Reporting Incidents PA1055-06
- Emergencies PA1055-07
- Reporting Incidents and Emergencies PA1055-08
- Reporting and Review of Maltreatment of Vulnerable Adults PA1055-09
- Reporting and Review of Maltreatment of Minors PA1055-10
- Anti-Fraud PA1055-11
- Alcohol and Drug Use PA1055-12
- Death of a Person Served PA1055-13
- Universal Precautions and Sanitary Practices PA1055-14
- Safe Medication Administration and Administration PA1055-15
- Service Termination PA1055-16
- Person-Centered Planning and Service Delivery PA1055-17
- Employee Handbook

News & Events

- COVID-19 Updates
- Newsroom
- Event Calendar
- Job Our Waiting List
- 2021/2022 Closed Dates
- PAI Policies and Procedures
- PAI Program Abuse Prevention Plan
- Satisfaction Survey 2021

Employee Handbook Review

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Telephone and Personal Communication Devices

Each location has limited phone lines for business use. These lines are busy and personal calls severely limit the phone lines available. As a result, we ask you to inform your friends and family that incoming calls are limited to those of importance and for emergency only. Because of your work responsibilities, there are times we may not pass on calls to you. Outgoing calls should be made during your break(s), not during times when you are responsible to provide client supervision or perform other duties. Please limit your calls to three minutes. **Long distance calls require prior approval.**

Employee Handbook Review

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Telephone and Personal Communication Devices

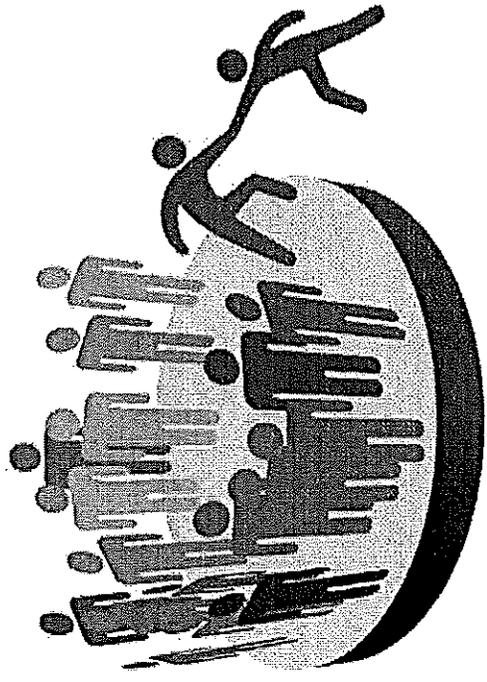
wireless electronic or personal communication devices should be powered off when you are working. This includes, but is not limited to: cell phones, blackberries, iPods, radios, game boys, pagers, texting, viewing and taking pictures, playing games, and accessing the internet. You may only access these devices while on break and in appropriate break areas; please be considerate of others in the break area. These devices must not be used on work time especially in: client areas, on outings, in vans or busses, while job coaching, or during training. If you have an unusual circumstance and need to receive a call, you may leave your communication device set on "vibrate" if approved and pre-arranged with the Department Coordinator or Director. Should you receive a pre-approved call, you are required to ensure that the staffing coverage is appropriate and take your call while on break. PAI reserves the right to determine, in its sole discretion, whether an employee's use of personal electronic equipment or wireless communication devices is inappropriate.



Competency Reviews:

Linden:
Alex Guthman – Presented by Maddy

Oakdale:
Davis Wolf – Presented by Emily



SERVICE OUTCOME AND SUPPORT		
Name: Alexander Guthmann	Outcome #: 1	
Date of development: 12.7.2021	Projected start date: 12.13.2021	Date outcome reviewed: December 2021
Outcome statement with measurable and observable criteria for outcome achievement: Weekly, Alex will walk to visit a program area of his choosing in 80% or more trials over a 12 month recording period.		
Methods or actions that will be used to support the person and to accomplish the outcome: Alex enjoys going for walks to see what is going on in the hallway, other program rooms or to visit the fish tank. It is important to Alex that he be able to walk independently and to spend time with people of his choosing.		
<ol style="list-style-type: none"> 1. A minimum of once weekly, Alex will be asked where he would like to go for a walk (Hallway, another program room, the fish tank) 2. Alex will be observed for nonverbal communication indicating a preference. Alex may indicate a positive response to a choice using facial expressions or by clapping his hands. Alex may indicate his disinterest in a choice by pulling his hands away or frowning. 3. After Alex indicates a choice staff will offer Alex support as needed to walk to his chosen destination. <ul style="list-style-type: none"> • Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking. • Staff may also use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support. • Alex may also use his wheelchair as a walker indoors • If staff offers too much assistance during walking, Alex may go to the floor or stop walking. 		
If Alex walks to his chosen destination, the outcome will be documented as achieved (y)		
Should Alex choose not to go for a walk, the outcome will be documented as not achieved (n)		
Changes or modifications necessary to the physical and social environments: Alex has hearing loss & may not hear conversations or requests if staff are too far away. Staff speak to Alex in normal conversational tone at a range in close proximity to him.		
Equipment and/or materials required: Transfer Belt, wheelchair (optional)		
Techniques that are used that are consistent with the person's communication mode: Alex communicates nonverbally using facial expressions, vocalizations and gestures.		
Techniques that are used that are consistent with the person's learning style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.		
Data collection method: Documentation will be recorded and charted a minimum of weekly. Charting will include a Y or N indicating success		
Names of staff or positions responsible for implementing the supports and methods: Program Supervisor (PS), Lead Direct Support Professional (LDSP) and Direct Support Professionals (DSP)		

1. A minimum of once weekly, Alex will be asked where he would like to go for a walk (Hallway, another program room, the fish tank)
2. Alex will be observed for nonverbal communication indicating a preference.
Alex may indicate a positive response to a choice using facial expressions or by clapping his hands.
Alex may indicate his disinterest in a choice by pulling his hands away or frowning.
3. After Alex indicates a choice staff will offer Alex support as needed to walk to his chosen destination.
 - Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking.
 - Staff may also use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support.
 - Alex may also use his wheelchair as a walker indoors
 - If staff offers too much assistance during walking, Alex may go to the floor or stop walking.

SERVICE OUTCOME AND SUPPORT	
Name: Alexander Guthmann	Outcome #: 2
Date of development: 12.7.2021 Projected start date: 12.13.2021 Date outcome reviewed: December 2021	
Outcome statement with measurable and observable criteria for outcome achievement: Daily, Alex will choose which lunch item he would like to eat first in 80% or more trials over a 12 month period.	
Methods or actions that will be used to support the person and to accomplish the outcome: Alex enjoys meal time and prefers some food items over other. It is important to him that he be supported to make decisions during routine and daily tasks and encouraged to be as independent as he is able. <ol style="list-style-type: none"> 1. At the start of lunch hour each day, Alex will be shown the items in his lunch and staff will verbally describe the options to Alex. 2. Alex will be asked which he would like to eat first and will be encouraged to touch his preference. <p>If Alex communicates his preference by touching the preferred lunch item, the outcome will be documented as achieved (y) and Alex will be assisted in plating the food item of his choice.</p> <p>Should Alex choose not indicate which item he would prefer to eat first, the outcome will be documented as not achieved (n) and Alex will be offered his fruit veggie or main course item first.</p>	
Changes or modifications necessary to the physical and social environments: Alex has hearing loss & may not hear conversations or requests if staff are too far away. Staff speak to Alex in normal conversational tone at a range in close proximity to him.	
Equipment and/or materials required: Alex's lunch, his coated built up spoon, scoop plate, and small sports bottle	
Techniques that are used that are consistent with the person's communication mode: Alex communicates nonverbally using facial expressions, vocalizations and gestures.	
Techniques that are used that are consistent with the person's learning style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.	
Data collection method: Documentation will be recorded and charted daily. Charting will include a Y or N indicating success	
Names of staff or positions responsible for implementing the supports and methods: Program Supervisor (PS), Lead Direct Support Professional (LDSP) and Direct Support Professionals (DSP)	

1. At the start of lunch hour each day, Alex will be shown the items in his lunch and staff will verbally describe the options to Alex.
2. Alex will be asked which he would like to eat first and will be encouraged to touch his preference.

Individual Abuse Prevention Plan (IAPP)**Instructions and requirements:**

This program is required to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section 626.557, subdivision 14 and section 245A.65, subdivision 2 (b).

Development and review of the plan: An individual abuse prevention plan shall be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

Plan contents: The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Requirements of 626.557, subd. 14(b): Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Persons with history of violent crime an act of physical aggression toward others: If the program knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Legal Authority: MS §§ 245D.071, subd. 2, 245A.65, subd. 2, and 626.557, subd. 14

PAI

B. Physical Abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- Verbally / physically abusive to others
- "Victim" History exists
- Other: Unable to report abuse

Specific measures to minimize risk of abuse for each area checked:

- **All Areas:** Alex has been diagnosed with ATRX Syndrome resulting in an intellectual and developmental disability. Alex may not understand what constitutes a dangerous situation, how to advocate for safety or handle situations of abuse. Alex would be unable to report abuse. Staff provide Alex with supervision at all times. If a staff were to witness physical or emotional abuse involving Alex, staff would verbally tell the abuser to stop and physically assist Alex to a safe location. Staff will assess for any injury and provide necessary first aid per their training and seek further medical attention as needed. All staff and volunteers are mandated reporters and are trained upon hire and annually thereafter to the MN State Vulnerable Adult Law and company Vulnerable Adult Maltreatment Reporting and Review Policy and Procedures. Staff will report all suspected or known maltreatment per company policy.
- **Inability to identify potentially dangerous situations:** Staff observe what is occurring around Alex and intervene on Alex's behalf if a potentially dangerous situation were to happen. Staff will call 911 on Alex's behalf in the event of an emergency.
- **Lack of community orientation skills:** Alex is unable to propel his wheelchair and does not use words to communicate. Staff provide supervision of Alex while in the community and provide Alex with full physical support to practice all pedestrian and traffic safety skills. Staff access community resources with and on behalf of Alex.
- **Inappropriate interactions with others:** Alex has been diagnosed with an intellectual and developmental disability and does not use words to communicate. Alex doesn't have a concept of personal space and often explores his environment using his hands. Alex may grab peers or their possessions while exploring his environment without their permission. This increases Alex's risk for abuse should his peers retaliate. Staff support Alex to explore his environment and will redirect Alex and peers as needed.
- **Inability to deal with verbally/physically aggressive persons:** Alex is unable to handle physically or verbally aggressive people. Alex does not communicate using words, lacks the ability to be assertive and may cooperate in an abusive situation due to his limited understanding and physical inability to defend himself from a verbally or physically aggressive person.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals are needed at this time.

PAI

D. Financial Exploitation

Is the person susceptible in this area? Yes (if any area below is checked) No

- Inability to handle financial matters
 Other: NA

Specific measures to minimize risk of abuse for each area checked:

- **Inability to handle financial matters:** PAI does not handle the safekeeping of money for Alex. Should Alex bring money to PAI to utilize, staff will support him in making a purchase, collecting the correct change and receipt, and sending the change and receipt home. All staff are mandated reporters and are trained upon hire and annually thereafter to the MN State Vulnerable Adult Law and company Vulnerable Adult Maltreatment Reporting and Review Policy and Procedures. Staff will report all suspected or known financial maltreatment involving Alex per company policy.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals are needed at this time.

E. **Is the program aware of this person committing a violent crime or act of physical aggression toward others?**
 Yes No

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised: NA

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals are needed at this time.

An individual abuse prevention plan is developed for each new person as part of the initial service plan. The person will participate in the development of the plan to the full extent of their ability. When applicable, the person's legal representative will be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team will document the review of the plan at least annually, using an individual assessment, as required in MN Statutes, section 245D.071, subd. 3, and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

SELF-MANAGEMENT ASSESSMENT

Name: **Alexander Guthmann**

Date of *Self-Management Assessment* development: 12/01/2021

For the annual period from: December 2021 to December 2022

Name and title of person completing the review: Megan Duffy, Designated Coordinator

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment*. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time of service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person centered planning and service delivery will be documented in the *CSSP Addendum*.

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies: Bee stings, Sulfa	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	Strengths, Skills, and Abilities: Alex's functional awareness of his allergies is unknown. Alex is accepting of supports in this area and is willing to adjust his outings to limit his exposure to bees. Behavior and Symptoms: Alex is allergic to the medication Sulfa and Bee Stings. Alex has an Epi-pen to be administered by staff should he be stung by a bee.
Seizures: Complex Partial; Generalized Tonic-Clonic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	Strengths, Skills, and Abilities: Alex may be aware of his seizure disorder. Alex is accepting of supports to take his seizure medications at home and of care during/after a seizure. Behavior and Symptoms: Alex has a physician ordered Seizure Protocol and takes medication daily at home. He experiences complex partial and generalized tonic-clonic seizures and is unable to provide for his own safety during/after seizure activity.

PAI

Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: Alex may be aware that he takes medications but his functional awareness in this area is unknown. Alex is accepting of supports in this area. Behavior and Symptoms: Due to Alex's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Alex is unable to request medications or inform someone if there are issues associated with his medications.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A- PAI does not set up or attend preventative screening appointments with Alex. Alex's residence will assist him with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A - PAI does not set up or attend medical appointments with Alex. Alex's residence will assist him with this.
Other health and medical needs: Personal Care Supports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Strengths, Skills, and Abilities: Alex may have awareness of when he is needing personal care supports. Alex is able to stand at the mat table to assist with his personal cares and is accepting of supports in this area. Behavior and Symptoms: Alex utilizes the support of disposable briefs due to incontinence. Alex will stand up while holding on to the mat table for support while staff complete his personal cares. Alex requires full physical support to provide for his personal care and hygiene.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Personal safety to avoid injury or accident in the service setting		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Risk of falling: Chronic Medical Conditions, Seizure Disorder increasing risk of falls.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	Strengths, Skills, and Abilities: Alex is aware when he feels less stable or needs a break. Alex is able to support his torso when sitting. Alex is accepting of supports in this area. Behavior and Symptoms: Due to Alex's chronic medical conditions and seizure disorder he is at an increased risk of falling. Due to his osteoporosis he is more likely to sustain an injury should he fall and cause further damage to his bones.
Mobility issues: Chronic Medical Conditions impacting mobility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	Strengths, Skills, and Abilities: Alex is aware when he feels less stable or need a break. Alex is able to walk independently for short periods of time and is accepting of support to propel his wheelchair. Behavior and Symptoms: Due to Alex's diagnoses his walking skills are limited. When Alex is feeling unsteady or is being offered too much assistance he will choose to sit down on the floor. Alex utilizes a wheelchair for long distances and transportation.

PAI

Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other symptom or behavior: Grabs peers or their belongings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Strengths, Skills, and Abilities: Alex's awareness in this area is unknown. Alex responds to redirection and is accepting of staff supports in this area. Behavior and Symptoms: Alex is curious and uses his hands to explore and learn more. He may grab peers possibly causing harm to them when he is exploring his environment. Alex may also grab his peer's belongings while exploring his environment. These actions may cause peers to retaliate or get hurt.

COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM – INTENSIVE SERVICES

Name of person served: **Alex Guthmann**

For annual period: **December 2021 through December 2022**

CSSP Addendum developed by: **Megan Duffy Designated Coordinator**

Date of development: **12.1.2021**

Legal representatives: **Teresa and John Guthmann**

Case manager: **Tamara Meyer**

The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation.
- Annually, the support team reviews the *CSSP Addendum*.

Services and Supports

The **scope of the services** to be provided to support the person's daily needs and activities include:

Alex receives intensive support services in a DSS (Day Services and Supports) community environment. The program works with Alex to develop and implement achievable outcomes that support his goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Alex to encourage activities, outings, and visiting with peers. Staff support Alex in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to his health, safety, and well-being as needed by Alex. Support is provided in the most integrated and least restrictive environment.

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes: *Suggested outcomes; to be discussed by team during annual meeting.*

Outcome #1:

**“ Weekly, Alex will walk to visit a program area of his choosing
in 80% or more trials over a 12 month recording period.”**

Alex enjoys going for walks to see what is going on in the hallway, other program rooms or to visit the fish tank. It is important to Alex that he be able to walk independently and to spend time with people of his choosing.

Outcome #2:

**“Daily, Alex will choose which lunch item he would like to eat first
in 80% or more trials over a 12 month recording period.”**

Alex enjoys meal time and prefers some food items over other. It is important to him that he be supported to make decisions during routine and daily tasks and encouraged to be as independent as he is able.

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made:

Alex utilizes technology at PAI daily through the use of the iPad for choice making, music and other audio activities. Alex has access a television in the program area for music, sensory or educational videos, and to play games. No further exploration of technology is needed at this time.

record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication, concerns or requests for supplies will be communicated by PAI staff via phone, email or communication book and noted in Daily Progress Notes.

Other health and medical needs - Personal Care Supports: Alex utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Alex requires full physical support to provide for his personal care and hygiene. Alex will stand up while holding on to the mat table for support while staff complete his personal cares. Staff assist Alex to wear clean and dry clothing. All concerns and requests for supplies and eliminations are communicated to Alex's residence via phone, email or communication book.

Risk of falling & Mobility issues: Alex's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking. Staff may use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support. If staff offers too much assistance during walking, Alex may go to the floor or stop walking. Alex uses a manual wheelchair during transportation and while in community; Alex is unable to propel his wheelchair and requires staff assistance. While in the community, Alex will remain in his wheelchair for safety. Alex may also use his wheelchair as a walker indoors. Any concerns, occurrence of falls or requested repairs of Alex's wheelchair will be communicated by PAI staff to Alex's residence via phone, email or communication book and noted in his Daily Progress Notes.

Regulating Water Temperature and Water Safety Skills: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Alex coming into contact with it. PAI does not offer swimming or bathing. Alex receives support when in the community and should he be near a body of water, staff will stay in physical contact with Alex's wheelchair and will engage the breaks of Alex's wheelchair when not in motion.

Community Survival Skills: Alex utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Alex while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Alex and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Alex's behalf in the event of an emergency.

Sensory Disabilities - Hearing Loss: Alex experiences hearing loss he may not hear conversations or requests if staff are too far away. Staff will speak to Alex in normal conversational tone at a range in close proximity to him. In the event conversation takes place between the speaker and Alex at a range greater than 3 feet away, staff will raise their voice above normal conversational tone as needed and move closer to Alex if he is not responding.

Other symptom or behavior - Grabs peers or their belongings: Alex is curious and uses his hands to explore his environment. Alex may grab peers possibly causing harm to them when he is exploring his environment. Alex may also grab his peer's belongings while exploring his environment. Staff will give Alex verbal prompts and use redirection techniques if he were to reach out to peers.

Person-centered information

Important TO: His Family, being able to walk independently short distances, going on outings, 1:1 with staff, being around his peers, being around people who know him the best, being included in activities, being able to sit in the recliner in the afternoon, and being able to be as independent as he can.

How will services be coordinated across other 245D licensed providers and members of the expanded/support team serving this person to ensure continuity of care and coordination of services?

- Alex's residence, guardians and PAI staff collaborate in the exchange of information as it relates to Alex's services, health and care. Meeting and reports are shared and the team works together to ensure continuity of service through in-person conversations, phone calls, emails and Alex's communication book.
- PAI works with Alex's residence Axis on Eldridge, for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Teresa and John Guthmann are Alex's private guardians and parents who advocate on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Alex's services and supports in collaboration with other members of this support team.
- Tamara Meyer, contracted case manager for Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Alex and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Alex's support team to ensure continuity of care.

If there is a need for service coordination between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Axis - Eldridge, Residential

Contact person: Nicole Lester – Residential Supervisor

Email: Nlester@axis-mn.com Phone: 651-488-2237

PAI – Linden, Day Program

Contact person: Megan Duffy – Designated Coordinator

Email: MDuffy@PAImn.org Phone: 651-777-5622 Fax: 651-777-5633

Teresa and John Guthmann – Legal Representative

Email: Tguthmann@msn.com Phone: 651-276-1883

Tamara Meyer – Case Manager Thomas Allen Inc

Email: Tamara.Meyer@thomasalleninc.com Phone: 651-789-1211

The person currently receives services in (check as applicable):

Residential services in a community setting controlled by a provider Day services Neither

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider (residential services). Include a statement about any decision made regarding transitioning out of a provider-controlled setting:

Alex and his team are not seeking other providers or options at this time. Alex lives in a group home. Alex would need to learn skills in hygiene, medication administration, dietary skills, and self-preservation skills prior to leaving a provider controlled setting.

Provide a summary of the discussion of options for transitioning from day services to an employment service. Include a statement about any decision made regarding transitioning to an employment service:

Alex and his team are not interested in transitioning from day services to employment services at this time. Alex is best served in a recreation and leisure environment.

Describe any further research or education that must be completed before a decision regarding this transition can be made: None needed at this time.

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate: **N/A**
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? Yes No

If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions: **N/A**

Permitted Actions

On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.
 Yes No If yes, explain how it will be used: **N/A**
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
 Yes No If yes, explain how it will be used: **Alex may require staff to hold his hand or arm while walking. Alex may also require the use of a gait belt if unsteady.**
3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:
 Yes No If yes, explain how it will be used: **Alex has limited fine motor skills, staff are able to assist him complete tasks with hand over hand or hand under hand as tolerated.**
4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used: **Alex is curious and will explore his environment with his hands. Alex may grab a peer or their belongings. Staff are able to help Alex redirect his hands.**
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used: **Alex is curious and will explore his environment with his hands. Alex may grab a peer or their belongings. Staff are able to help Alex redirect his hands.**
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used: **N/A**
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used: **Alex may not remove himself from an emergency, staff can push Alex's wheelchair or help him walk out of the building.**
8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?
 Yes No If yes, explain how it will be used: **Alex uses a seatbelt at all times in his wheelchair for positioning and a chest strap during transport.**
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: **N/A**
10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?

Staff: Maddy K

Date: 12/14/21



Service Recipient: Alex G

Service Span: Dec. 21 - Dec. 22

Outcomes:

Outcome #1: Weekly, Alex will walk to visit a program area of his choosing in 80% or more trials over a 12 month period.

Summarize Steps:

1. A minimum of once weekly, Alex will be asked where he would like to go for a walk (Hallway, another program room, the fish tank)
2. Alex will be observed for nonverbal communication indicating a preference.
 - Alex may indicate a positive response to a choice using facial expressions or by clapping his hands.
 - Alex may indicate his disinterest in a choice by pulling his hands away or frowning.
3. After Alex indicates a choice staff will offer Alex support as needed to walk to his chosen destination.
 - Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking.
 - Staff may also use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support.
 - Alex may also use his wheelchair as a walker indoors
 - If staff offers too much assistance during walking, Alex may go to the floor or stop walking.

If Alex walks to his chosen destination, the outcome will be documented as achieved (y)

Should Alex choose not to go for a walk, the outcome will be documented as not achieved (n)

Outcome #2: Daily, Alex will choose which lunch item he would like to eat first in 80% of trials over a 12 month period.

Summarize Steps:

1. At the start of lunch hour each day, Alex will be shown the items in his lunch and staff will verbally describe the options to Alex.
2. Alex will be asked which he would like to eat first and will be encouraged to touch his preference.

If Alex communicates his preference by touching the preferred lunch item, the outcome will be documented as achieved (y) and Alex will be assisted in plating the food item of his choice.

Should Alex choose not indicate which item he would prefer to eat first, the outcome will be documented as not achieved (n) and Alex will be offered his fruit veggie or main course item first.

Communication Style: Alex communicates using facial expressions, vocalizations, and gestures.

Learning Style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex is allergic to bee stings and sulfa. Staff bring his epi-pen on outings and administer if needed. Staff will help Alex avoid places that have higher risk of bee presence.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised and monitored for seizure activity. Staff are trained on Alex's seizure protocol. All seizure activity will be reported to his residence.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is visually monitored during meals and offered assistance as needed. When completing activities or using small objects, staff will remain close by. If Alex starts choking, staff will give abdominal thrusts and call 911.

Lead Review Completed: MR

Staff: Maria Hetchler



Service Recipient: Alex G.

Date: 12/16/21

Service Span: _____

Outcomes:

<p>Outcome #1: Weekly. Alex will walk to Visited program area of his choosing.</p> <p>Summarize Steps: Staff will ask Alex where he would like to go for a walk, Alex will observe non verbal communication may indicate a positive response to choice using facial expressions or by clapping his hands and his interest in a choice by pulling his hands away or frowning. Staff will expect Alex as needed to walk to his chosen destination.</p>
<p>Outcome #2: Daily. Alex will choose which lunch item he would like to eat first.</p> <p>Summarize Steps: Staff will ask Alex which he would like to eat first, at start of lunch hour Alex will be shown the item in his lunch by touching the preferred lunch item and verbally describe the option to Alex.</p>
<p>Communication Style: facial expressions, vocalizations and gestures</p>
<p>Learning Style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Alex is allergic to bees and stings. avoid places that have higher risk of bee presence, bring epi-pen on outings and administer as if needed.</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Alex will be supervised and monitored for seizure activity. Staff are trained on Alex's Seizures protocol. All seizure activity will reported to his residence.</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Alex is visually monitored during meals and offered assist as needed. When completing activities or using small objects, staff will remain close by. If Alex start choking, staff will give abdominal thrusts and call 911.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Physicians ordered bite sized, lunch sent from home, uses a coated build-up spoon, scoop plate, and sports bottle. Alex's intake will be communicated to his residence.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Alpha Thalassemia X-linked Syndrome, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Brachycephalic, Cleft palate, Epicanthus, ocular hypotelorism, GERD, Periodic Tachycardia, Eczema, Osteoporosis, chronic ear infections.</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Medications are administered according to prescriber's orders. Staff receive training on medication admin and quarterly medication admin record reviews.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Alex requires full assist personal cares. He will stand while holding the mt table while complete his cares. Staff assist Alex to wear clean and dry clothing.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff stay an arm's length away and offer their hand while walking. Use transfer belt, use wheelchair staff propel for him. Any falls are communicated to his residence.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff provide supervision & physical support while in community, observe what is occurring around Alex & intervene on his behalf for potentially dangerous.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Hearing Loss. Staff will raise their voice above normal conversation if they are more than 3 feet away from Alex.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Alex uses his hands to explore his environment. Give Alex verbal prompts and use redirection techniques.</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p>Important to: Family, walking independently, going outings, 1:1 with staff, his Peers, being around ppl who know him best, being included, sitting in the recliner, being independent.</p>	
<p>Important for: keeping peers & arm lengths away, letting him know do anything, Physicians order diet, epi-pen</p>	
<p>Likes: Mr. Man, Good Food, being involved, his recliner, independent</p>	
<p>Dislikes: Being bored or left alone at, being in pair or un comfortable, not getting enough to eat.</p>	

Staff: Lindsay Hruand
 Date: 12/14/21



Service Recipient: Alex Gutman
 Service Span: 12/21 - 12/2022

Outcomes:

Outcome #1: Weekly, Alex will walk to visit a program area of his choosing in 80% or more trials over a 12 month period.

Summarize Steps:

1. A minimum of once weekly, Alex will be asked where he would like to go for a walk (Hallway, another program room, the fish tank)
2. Alex will be observed for nonverbal communication indicating a preference.
 - Alex may indicate a positive response to a choice using facial expressions or by clapping his hands.
 - Alex may indicate his disinterest in a choice by pulling his hands away or frowning.
3. After Alex indicates a choice staff will offer Alex support as needed to walk to his chosen destination.
 - Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking.
 - Staff may also use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support.
 - Alex may also use his wheelchair as a walker indoors
 - If staff offers too much assistance during walking, Alex may go to the floor or stop walking.

If Alex walks to his chosen destination, the outcome will be documented as achieved (y)

Should Alex choose not to go for a walk, the outcome will be documented as not achieved (n)

Outcome #2: Daily, Alex will choose which lunch item he would like to eat first in 80% of trials over a 12 month period.

Summarize Steps:

1. At the start of lunch hour each day, Alex will be shown the items in his lunch and staff will verbally describe the options to Alex.
2. Alex will be asked which he would like to eat first and will be encouraged to touch his preference.

If Alex communicates his preference by touching the preferred lunch item, the outcome will be documented as achieved (y) and Alex will be assisted in plating the food item of his choice.

Should Alex choose not indicate which item he would prefer to eat first, the outcome will be documented as not achieved (n) and Alex will be offered his fruit veggie or main course item first.

Communication Style: Alex communicates using facial expressions, vocalizations, and gestures.

Learning Style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex is allergic to bee stings and sulfa. Staff bring his epi-pen on outings and administer if needed. Staff will help Alex avoid places that have higher risk of bee presence.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised and monitored for seizure activity. Staff are trained on Alex's seizure protocol. All seizure activity will be reported to his residence.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is visually monitored during meals and offered assistance as needed. When completing activities or using small objects, staff will remain close by. If Alex starts choking, staff will give abdominal thrusts and call 911.

Lead Review Completed: MK

Staff: Kanya M
 Date: 12-14-21



Service Recipient: _____
 Service Span: Dec 21-22

Outcomes:

<p>Outcome #1: Alex will walk to visit a program of his choosing</p> <p>Summarize Steps: At least once weekly ask where he would like to walk -observed for non verbal communication - finish walking achieved, Didnt finish not achieved - Positive response clapping, Able to walk short distances with little help</p>
<p>Outcome #2: Alex will choose which lunch item he'll like to eat first</p> <p>Summarize Steps: lunch hour he'll see all the food and we'll describe the items to him, he'll pick touching Pick food achieved Dint pick not achieved</p>
<p>Communication Style: facial expressions vocalizations, gestures</p>
<p>Learning Style: auditory, visual</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Allegeno to Bee stings, sulfa, epi pin on outings</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervised & monitored</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>visually monitored during meals offer assist when needed</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Physicians ordered bite size, lunch comes from home</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Alpha thalassemia, X-linked syndrome DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Cleft Plate chronic ear infections</u></p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>medication administered according to prescribed</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Stand while holding mat tape</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Staff arm length away while walking, Falls communicated to his residence</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Physical support while in community</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Receives Hearing loss</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Hands to explor environment, Staff will give verbal support</u></p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Important to: <u>His family, walking on his own, going on outings, peers, being around people he knows</u></p>	
<p>Important for: <u>keep peers arms length away, let him know before you do anything epi-pin</u></p>	
<p>Likes: <u>Mr. man, good food, down down in reindeer</u></p>	
<p>Dislikes: <u>Bored left out, in pain not getting enough to eat</u></p>	

Staff: Laura Stacken

Date: 12-14-2021



Service Recipient: Alex Gutman

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Alex will walk to visit a program area of his choosing.

Summarize Steps: In 80% or more over a 12 month period. min once weekly, Alex will be asked where he would like to go? Nonverbal communication indicating a preference.

Outcome #2: Daily, Alex will choose which lunch item he would like to eat first.

Summarize Steps: Staff will show each lunch item to Alex to have him touch his preference.

in 80%
over
12
months.

Communication Style:

Facial expression, vocalizations, gestures

Learning Style:

Auditory, visual, & kinesthetic learner. responds to verbal & physical prompts learns in repetitions.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings & sulfa Epi-pen on outings (Avoid BEES)</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex will be supervised & monitored for seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitored during meals, offered assistance as needed. Staff will do ^{discontinue} trusts & call 911 in choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, ^{from} home prepared, coated spoon built up, scoop plate sport bottle.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha thalassemia X linked syndrome DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Brachycephalic, cleft palate, Epicanthus</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Medications are administered according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stand while staff assisted him @ the mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff walks short distances. ^{uses} Transfer belt. ^{Staff} arms keeps away</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision & physical support while in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Auditory hearing loss, normal tone,</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore environment</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>His family, walking independently, going on outings, 1:1 w/staff, his peers, being around people who know him.</u>
Important for:	<u>keeping peers at arm lengths.</u>
Likes:	<u>Mr. Man, having good food, being involved, down time in recitiner</u>
Dislikes:	<u>being bored, left out, in pain, uncomfortable, not getting enough to eat.</u>

Staff: Jenny Trimble
 Date: 12/14/21



Service Recipient: Alex Guthmann
 Service Span: 12-2021-12-2022

Outcomes:

Outcome #1:
 Summarize Steps: Weekly, Alex will visit a program area of his choosing 80% or more trials of a 12 month period.

Outcome #2: Daily, will indicate the lunch items he would like to eat.
 Summarize Steps: First ~~by asking to a room of his choice~~ indicating ^{shown items in his lunch} ~~by facial expression~~ and will be asked to choose ^{what will eat}

Communication Style: non-verbal, facial expression, clapping hands, pull hands away & frowns, body language, vocalizations

Learning Style: Auditory, visual & kinesthetic. responds best to verbal & physical prompts

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bee sting & Sulfa. Brings Epi-Pen on outings
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: monitored seizure activity & staff report to home
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: visually monitored & supervised offered assistance as needed (will eat incredible objects)
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Bite sized diet. Coated-buff up spoon & scoop plate & drinks from sports bottle
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Alpha Thalassemia, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Linked Syndrome, GERD, cleft palate, osteoporosis
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Stand while holding mat table, staff complete his cares
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: stay an arms length away and offer hand while Alex is walking
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff provide supervision & physical support
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Alex requires full support for cares. Hearing loss
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Verbal prompts & redirection
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Family, walking independently, outings, if w/ staff, his peers, recliner, people who know him best
Important for:	keeping peers arms length away, letting him know before doing anything
Likes:	Down time, recliner, mr man, being independent
Dislikes:	being bored, not being included & not enough to eat being in pain

Staff: ERIN SANDSTROM
 Date: 12-14-2021



Service Recipient: ALEX GUTHMAN
 Service Span: DEC. 2021 - DEC. 2022

Outcomes:

Outcome #1: WEEKLY, ALEX WILL MAKE TO VISIT A PROGRAM ROOM. Summarize Steps: 1. WILL BE ASKED WHERE TO WALK. 2. POSITIVE - SMILING/NEGATIVE - RUNNING AWAY 80% OVER 12 MONTHS
Outcome #2: DAILY, ALEX WILL CHOOSE WHICH WALK ITEM TO START WITH. Summarize Steps: 1. START OF WALK STAFF WILL SHOW/EXPLAIN OPTIONS. 2. TRYING AN ITEM WILL BE (Y)/DOES NOT INDICATE (N) 80% OVER 12 MONTHS
Communication Style: FACIAL EXPRESSIONS, CLAPPING HANDS, VOCALIZATIONS, GESTURES
Learning Style: AUDITORY, VISUAL, KINESTHETIC. VERBAL/PHYSICAL PROMPTS. REPEITION

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: BEE STINGS/SULFA/HAS EPI-PEN-0VTINGS
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MONITORED FOR SEIZURES
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VISUALLY MONITORED, ASSISTANCE AS NEEDED
Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: BITE SIZED DIET, COATED BUILT UP SPOON, SCOOP PLATE
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes X-LINKED SYNDROME, GERD, OSTEOPOROSIS CLEFT PALATE
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: ADMINISTERED TO PRESCRIBED ORDERS
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: FULL ASSISTANCE
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: W/C - STAFF PROPEL, MAY USE TRANSFER BELT/OFFER HAND TO WALK
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAFF SUPERVISION/PHYSICAL SUPPORT
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: HEARING LOSS,
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: USES HANDS TO EXPLORE ENVIRONMENT
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: FAMILY, WALKING, 1 to 1 w/ STAFF, PEERS, RECLINER	
Important for: KEEPING PEERS ARMS LENGTH AWAY, LETTING HIM KNOW BEFORE WORKING WITH HIM, EPI-PEN, DIET	
Likes: MR. MAN, FOOD, DOWN TIME, RECLINER	
Dislikes: BEING BORED, LEFT OUT, PAIN, UNCOMFORTABLE	

Staff: 12/14/21 Kia L. Bauch



Service Recipient: Alex Guthman

Date: 12/14/21

Service Span: Dec. 21 → Dec. 22

Outcomes:

<p>Outcome #1: <u>walk to visit a program in 80% of trials</u></p> <p>Summarize Steps: - ask where he would like to walk - give assistance as needed</p>
<p>Outcome #2: <u>pick a food to eat first 80% of trials (daily)</u></p> <p>Summarize Steps: - Alex will be shown his lunch. - He will choose what to eat first</p>
<p>Communication Style: facial expressions, vocalizations, gestures</p>
<p>Learning Style: auditory, visual, kinesthetic, verbal + physical prompts</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List & Describe Supports: bee stings epi pen</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: supervised + monitored on seizures protocol</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: monitored during meals</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: bite sized pieces</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: cleft palate, GERD, Alpha Thalassemia Chronic Ear infections</p> <p>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: receives no meds at PAI</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: needs full assist, holds mat table</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Arms lengths away, hold hand</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: staff provide support</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Full assist, hearing loss</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: uses his hands to explore</p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p>Important to: family, peers, being included</p>	
<p>Important for: peers arms length away, his epi-pen</p>	
<p>Likes: food, friends</p>	
<p>Dislikes: being bored, not getting enough to eat</p>	

Staff: Colette Rice
 Date: 12/14/21



Service Recipient: Alex Gutthman
 Service Span: Dec. 21 → Dec. 22

Outcomes:

Outcome #1: Weekly walk to program room of his.
 Summarize Steps: Choosing
 - Ask where he would like to walk
 - Give assistance as needed

Outcome #2: pick a food to eat first (daily).
 Summarize Steps:
 - Show lunch to Alex
 - he will choose what to eat first

Communication Style:
Facial expressions, vocalizations, gesture

Learning Style:
learns through repetition, visual, verbal + physical prompts

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee Sting epi-pen on outings</u> <u>Avoid bees.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise for seizure seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitor during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pieces</u> <u>Bite Size AAA - Scoop plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cleft palate, GERD, Alpha Thalassimia</u> <u>Chronic ear infections</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>receives no meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stand while holding the mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Arm lengths away, hold hand</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provides support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>full assistance</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses his hands to explore</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:

Keeping peers at arms lengths away

Important for:

family, peers, being included

Likes:

Food, friends

Dislikes:

being bored, not getting enough to eat

Staff: Nancy Larson
 Date: 12/14



Service Recipient: Alex Guttmann
 Service Span: Dec. 21 thru Dec 22

Outcomes:

Outcome #1: Weekly walk to program room of his choice
 Summarize Steps: Ask where he wants to walk to walk to chosen destination
Indicate where use transfer belt
by clapping hands May use wheel chair Achieve/not achieve

Outcome #2: Alex will indicate what lunch item to eat first
 Summarize Steps: show lunch and describe
ask him to touch preference
If doesn't touch outcome is not achieved

Communication Style: Laugh, smile, Clap hands, facial

Learning Style: Auditory + Visual, Kinesthetic - Verbal prompts
learns thru repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bee stings has epi-pen, sulfa</u> <u>avoid bees</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>all seizures are managed + house informed</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitored</u> <u>Call 911 Start CPR</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wife typed, sent from home</u> <u>Spoon bottle, Scoop plate</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia x-linked syndrome</u> <u>Cleft palate, GERD, eczema</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Med's are administered</u> <u>Staff trained</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stand while staff is completing cares holding table</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>arm length away -</u> <u>use transfer belt while walking</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support during outings</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing 1005, speak loudly</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands, redirect him</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to:	<u>his family, walking, staff, peers, being independant</u>	
Important for:	<u>epi-pen, stay arms length away, let him know before</u> <u>you do anything, his diet</u>	
Likes:	<u>Mr. Man, being involved, being independant, Recliner</u>	
Dislikes:	<u>being bored or left out, pain or uncomfortable,</u> <u>not getting enough to eat</u>	

Staff: Sommer



Service Recipient: Alex

Date: 12/11/21

Service Span: _____

Outcomes:

Outcome #1: Walk to program visit program of choice & weekly.
Summarize Steps: Min of 10 min weekly, ask where he'd like to walk
- will be observed for non verbal comm.

Outcome #2: Daily he will pick his own lunch.
Summarize Steps: 1) Show items, staff describes
2) Asked what he wants and encouraged to touch preferred

Communication Style:
facial expressions, vocalization and gestures

Learning Style: Best responds to verbal
Auditory, visual, kinesthetic, and physical

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bell string/bulka, brings epi pen on outings</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will be supervised and monitored</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitored during meals, if choking call 911, ^{give} Ab thrust <u>Ab thrust</u></u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>coated spoon</u> <u>bite sized, sent from home, scoop plate, sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Get palate, chronic ear inf.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Staff trained on conditions and will report any symp to his residents</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Administrated to prescriber/order,</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stands w/ hand holding mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>arm length away, offer help, may use belt/wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervised and gives physical support in pub.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss, 3+ ft away speak louder</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hands to explore</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Family, walking in, going on outings, 1v1 w/ staff,</u> <u>Being included, sitting in recliner</u>	
Important for: <u>Keep purses</u>	
Likes: <u>Mr man, food, recliner, being independent,</u>	
Dislikes: <u>Bored, left out, being in pain</u>	

Staff: Danielle Mendez
 Date: 12.14.21



Service Recipient: Alex Guttmann
 Service Span: 12.21 - 12.22

Outcomes:

Outcome #1: Weekly Alex will walk to program area of his choosing.
 Summarize Steps: Minimum of weekly Alex will be asked where he would like to walk. Staff will assist to destination.

Outcome #2: Alex will choose what lunch item he wants to eat first.
 Summarize Steps: Staff verbally describe lunch items to Alex, Alex will be asked what he wants first, Alex will touch item of choice if he chooses to do so.

Communication Style:
Facial expressions, vocalizations, hand clapping, smiling, gestures

Learning Style:
Auditory, visual, responds to verbal and physical prompts

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings</u> <u>epi pen snifa</u>
Seizures: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Alex hasn't had seizure in some time.</u> <u>Staff know protocol and will monitor</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visually monitor during meal times</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Bite size, coated spoon</u> <u>scrap plate, spoons, bottle for drinking</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia, X-linked</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Syndrom, Cleft Palate, GERD,</u> <u>Chronic ear infections</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff trained on medication and giving.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stand or hug mat table when</u> <u>completing cares. Needs full assistance.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May drop to floor or stop walking if too much</u> <u>offer a hand when walking transfer belt if needed help is offered</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision and physical</u> <u>support. Intervene on his behalf on dangerous situation.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss, sit away talk loudly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore environment</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NOT @ PAI</u>
Important to:	<u>Family, walking, peers, being independent, outings</u> <u>sitting in recliner</u>
Important for:	<u>keeping peers arm length away, diet, epi pen</u>
Likes:	<u>having good food, recliner, being independent, being included</u>
Dislikes:	<u>being bored, pain or uncomfortable</u>

Staff: Morgan B.

Date: 11/10/22



Service Recipient: Alex G.

Service Span: _____

Outcomes:

Outcome #1: walk to visit a program area of his choosing

Summarize Steps:

asked where he would like to go (hallway, another program room, fish tank)

Outcome #2: choose lunch item to eat first

Summarize Steps:

shown the lunch items he has, point to item he chose to eat

Communication Style:

facial expressions, vocalizations, gestures

Learning Style:

auditory, visual, kinesthetic

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bee stings, sulfa, avoid places w/ bees</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored/ supervised for seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitored during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, coated, built up spoon, scoop plate, sport bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha thalassemia, X linked syndrome, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>brachycephalic, cleft palate, epicanthus, ocular hypotlorism</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>stand while hold on mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stay arm length away, offer hand while alex walks</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff observe whats going on around them and assist when needed</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff talk louder if further than 3 feet away</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore environment</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to:

family walking independently, outings, 1:1 w/ staff, be in rediner,

Important for:

Keep arms length away from peers

Likes:

Mr. Man, good food, be involved, be independent

Dislikes:

bored or left out, be in pain/uncomfortable, not enough to eat

Lead Review Completed: MK

Staff: BAO
 Date: 12/14/21



Service Recipient: A.G.
 Service Span: DEC 21-DEC 22

Outcomes:

Outcome #1: Weekly will walk to program room of choosing
 Summarize Steps: once a week will ask where he wants to walk

Outcome #2: Will choose what to have for lunch
 Summarize Steps: will choose what to have for lunch
Person response will choose main course
will be shown what he has for lunch. Have him choose.

Communication Style: touching, preferred, touch but touching
using hands or signaling

Learning Style: Visual, Autocued, verbal & Prompts. Learns through
repetition

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>bee stings & sulfa's epi pen at outings</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>will be reported & staff will watch</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>will call all</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>has reg diet; coated pickup spoon; covered plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alzheimer's, Parkinson's, occular hypotension, deaf, GERD, Pericard tachycardia, eczema</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>according to dr. orders; veins to completed to</u> <u>miss some no med errors</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>supp while holding mail table. clean & dry</u> <u>nothing</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>offer hand; transfer belt.</u> <u>use wheel chair. will let you know when he</u> <u>wants to go. will ask permission.</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>observe what is happening, supervision/physical</u> <u>support</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>full assistance hearing loss, normal conversation</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Use hands to explore environment, prompts</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not</u>
Important to: <u>family/walking independently, outings; 1:1 w/ staff</u>	
Important for: <u>keeping peers arm length away, diet, epien;</u>	
Likes: <u>mr. man, food, recliner, independence</u>	
Dislikes: <u>boiled, run, left out, not enough to eat</u>	

Staff: Suzanne Christensen
 Date: 12/14/2021



Service Recipient: Alex Guthman
 Service Span: _____

Outcomes:

Outcome #1: Weekly, Alex will walk to visit a program area of his.
 Summarize Steps: Choosing in 80% or more trials over a 12 month period
A min. of once a week, asked to go for a walk.
Alex will be observed for nonverbal comm. indicating preference. (use a transfer belt)

Outcome #2: Choosing what he wants to eat first 80% at lunch.
 Summarize Steps: Describe and offer food (stuff). Encourage him to touch his preference.

Communication Style:

Learning Style: Auditory, visual, responds best to verbal & physical prompt, & through repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bee stings & sulfa. Epi pen in outings.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor him.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor him while eating and around small objects.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized food. Multitop spoon. Scoop/plate. Sporks/plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia X-linked syndrome.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Staff are trained on all Alex's conditions.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He stands while at the mat table.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>use transfer belt. He can use his wheelchair as a walker.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervise while out in the community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: full assistance at the mat table <u>Hearing loss. talk clearly.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore, verbal redirection from staff.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family, walking independent, going on outings, lit w/ staff, peers, being included.</u>
Important for:	<u>keep peers at arms length. letting him be</u>
Likes:	<u>Mr. Man, food, involved, routine, being independent.</u>
Dislikes:	<u>bored, left out, pain or being uncomfortable.</u>

Staff: DeLa HARRIS



Service Recipient: Alex

Date: 12/14/21

Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: _____
Summarize Steps: _____

Outcome #2: daily Alex will choose which lunch item he would like
Summarize Steps: At the start of lunch Alex will be shown his lunch items he has to choose from. if he dont choose

Communication Style:
Facial expression, vocal, gestures

Learning Style:
Auditory, visual,

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bec stings a Sulfa : Bring epipen on outing</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex will be supervised & monitored for seizures</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex is visually monitored during meals an offered a SST.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex lunch is sent from home, Alex has a Dr. order for <u>Bilex</u> size</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff received med training an administering as ordered</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex will stand & hold table while staff completes cares</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff stay arm length away to offer their hand while walking</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision support while in the community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex Required : hearing lost</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex uses his hands to explore.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>his family, walking independly, going on outings with staff, peers</u>
Important for:	<u>keeping peers. arm length</u>
Likes:	<u>Mr. man, having good food, being involved, down time in recliner</u>
Dislikes:	<u>being bored or left out, being pain</u>

Lead Review Completed: MR

Staff: Alice L. Cox
 Date: 12/15/21



Service Recipient: Alex G
 Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: At least weekly Alex will be asked where he wants to walk in the building
 Summarize Steps: observed for non verbal communication, facial expressions, clapping
Staff will offer physical assistance - too much help - drop to floor

Outcome #2: What lunch item does he want to eat 1st 800 of time
 Summarize Steps: Show lunch, describe, touch preference - told to, IF No choice Document start w/ main

Communication Style:
facial expressions, vocalizations, Gestures

Learning Style:

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee Stings + Sulpha drugs Uses Epi pen</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervised + monitored, trained on Protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor, small items</u> <u>visually monitored during meals, offered assistance</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians Bike Sized, Cooked Spoon, Scoopplate Water</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia X-linked syndrome, Brachycephalic bottle</u> <u>Cleft palate, Epicanthus, Ocular Hypotelorism, GERD</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Administered according to Doctor</u> <u>Tachycardia</u> <u>Osteoporosis, ear infections</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance stand holding table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>calls communicated to home wheelchair</u> <u>Staff stay arms length away offer hand, transfer belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision + full assist</u> <u>Protect from harm</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss Raise voice if over 3ft away</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Uses hands to explore - give prompts + Audibution</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Family, walking, going on outings, 1:1 time w/ staff,</u> <u>peers, included, incliner, independence</u>
Important for:	<u>letting him know what you are doing</u> <u>Keep peers arms length away, epi pen</u> <u>Physicians Diet</u>
Likes:	<u>MR. Man, Good food, being involved, ear time in incliner</u>
Dislikes:	<u>Being bored, left out, pain, uncomfortable, hungry</u>

Staff: Jessica Kalu
 Date: 12/16/21



Service Recipient: Alex G.
 Service Span: Dec. 21 - Dec 22

Outcomes:

Outcome #1: Weekly, Alex will walk to visit a favorite area of his choosing in 80% or more of trials over a 12 month period.
Summarize Steps: Staff will assist Alex where he would like to go for a walk. Positive response, unclear facial expressions or changing his hands when negative response would be pulling away or turning away or walk to a short distance. Use transfer belt or wheelchair for long distances. Staff supports documentation of all.
Outcome #2: Daily, Alex will choose which lunch item he would like to eat first in 80% of trials over a 12 month period.
Summarize Steps: At the beginning of lunch staff will ask Alex which lunch item he would like to eat first and Alex is encouraged to touch the item. If no item is indicated by Alex, he would be offered his first veggie or main course item first.
Communication Style: Alex communicates using facial expressions, vocalizations, and gestures
Learning Style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex is allergic to bee stings and salmon. Staff bring his epi-pen on outings and administer if needed. Staff will help Alex avoid places that have bees.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised and unattended from seizure activity. Staff are trained on Alex's seizure protocol and seizure activity will be reported to residence.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is visually monitored during meals and offered assistance as needed. When completing activities or using small objects, staff will remain close by. If Alex starts choking, staff will give abdominal thrusts.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex has a physician ordered, full sized diet. Alex's lunch is prepared from home prepared and is low salt. Alex uses a cuffed feeding system, scoop plate and sports bottle. Alex will be communicated to his residence.
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha Thalassemia K-Like syndrome, GERD DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Brachycephalic, cleft palate, Epilepsy, Ocular Hypertension, Paroxysmal Tachycardia, Eczema, Osteoporosis, Chronic ear infections.
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications are administered according to prescriptions orders. Staff remain on call with a physician and quarterly auditions and administration records reviews are completed to ensure no medication errors have occurred.
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex requires full assistance with personal cares. He will stand while holding his bath tub and staff complete his care. Staff assist Alex to wear clean and dry clothing.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff stay at arm length away and offer their hand while Alex is walking. Staff may use a transfer belt. Alex uses a wheelchair but staff provide for him. Any falls are communicated to his residence.
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support while in the community. Staff observe what is occurring and Alex and intervene on his behalf for safety.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Heavy loss - staff will speak to Alex in a calm conversation tone at close range. Staff will raise their voice above normal conversation if they are more than 3 feet away from Alex.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex uses his hands to explore his environment. Staff will give Alex verbal prompts and use redirection techniques.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	His family, walking independently, go on outings w/ staff, his peers, being around people who know him best, being included, sitting in the chair, being independent.
Important for:	Keeping peers at arm length away, letting him know before you do anything, his physician ordered diet, epi-pen.
Likes:	Mr. Mac, long good food, being included, down time in kitchen, being independent.
Dislikes:	Being loved, or left out, being in pain or uncomfortable, not getting enough to eat.

Staff: Deanna Lepley
 Date: 12/16/21



Service Recipient: Alex Guthman
 Service Span: _____

Outcomes:

Outcome #1:
 Summarize Steps: minimum of once weekly, Alex will be asked where he would like to walk to visit a program area of his choosing. Both a more trials over a 12 month period.

Outcome #2:
 Summarize Steps: Alex will choose which lunch item he would like to eat first in both of lunch over a 12 month period.

Communication Style: social expressions, vocalizations + gestures

Learning Style: auditory, visual and kinesthetic learner. Responds to verbal + physical prompts + learn through repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Allergic to bee stings + Sulfa. Staff bring epi-pen on outings + administer if needed. Staff will avoid places that have high risk of bee presence.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised + monitored for seizure activity. Staff are trained on Alex's seizure protocol. All seizure activity will be reported to his residence.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is visually monitored during. If alex-jerks choking staff will give abdominal thrusts + call 911.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet per physicians order. Uses a built up spoon, scoop plate + sports bottle. Intake will be communicated with his residence.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha, Thalassaemia X-linked syndrome, Brachycephalic, cleft palate, Epicanthus, Ocular Hypotelorism, Eard, Periodic Tachycardia, Eczema, Osteoporosis, Chronic ear infection DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will report any signs/symptoms to residence. Medications are administered per prescribed orders. Staff are trained on medication administration.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex requires full assistance. Alex will stand while holds the mat table while staff complete his cares. Staff assist Alex to wear clean + dry clothing.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff stay an arms length away + offer their hand while Alex is walking. Staff may use a transfer belt. Uses a wheelchair that staff prefer for him. Any fall/get communicated to residence.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hearing loss speak to Alex in normal conversation tone at close range, will raise their voice if they are more than 3 feet away from Alex.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff provide supervision + physical support while in the community. Staff observe what's occurring around Alex + intervene on his behalf for potentially dangerous situations.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex uses his hands to explore his environment. Staff will give verbal prompts + use redirection techniques.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Family, walking independently, going on outings 1:1 with staff, his peers being around people who know him best, being included, sitting in Recitor, being independent.
Important for:	Keeping peers and arms length away, letting him know he has to do anything his physician order diet, his epi-pen
Likes:	Mr. Man, having good food, being included, clean time in Recitor, being independent
Dislikes:	Being bored or left out, being in pain or uncomfortable, not getting enough to eat

Staff: Betsy
 Date: 12/16/2021



Service Recipient: Alex G
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: Initially, Alex will walk to visit a program area of his choosing in 80% or more trials over 6 months
 Summarize Steps: 1) Once a week, asked where he would like to go for a walk. 2) look for non-verbal preference facial expressions or hand clapping or pulling his hands away or frowning. 3) Offer support when needed

Outcome #2: Daily, Alex will choose which lunch item he would like to eat first in 80% of trials over 12 months
 Summarize Steps: Staff will show Alex his lunch and describe options. Alex will be asked what he would like first. If Alex touches a item outcome is yes. If he doesn't touch outcome is no.

Communication Style:
Alex communicates using facial expressions, vocalizations and gestures
Learning Style:
Auditory, visual and kinesthetic learner. Responds best to verbal + physical prompts and learns through repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings and sulfa. Has epi-pen on outings + administer if needed, avoid places that have high, busy bee presence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervised + monitored for seizure activity. Follow seizure protocol. All seizure activity reported to this residence.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visually monitored during meals + offer assistance when needed. Be very careful when using small objects, staff beware. If choking, staff will give abdominal thrusts + call 911.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physician order bite size home prepares food. Alex uses a coated built-up spoon, seccop plate + sports bottle. Alex's intake reported to residence</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia X-linked syndrome DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Brachycephalic Cleft palate, Epicanthus, ocular Hypotelorism GERD, Periodic Tachycardia, Eczema, Osteoporosis Chronic ear infections</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Medications are administered according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance is needed. Alex stands at Matt table Staff assist Alex to wear clean + dry clothing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stay arm length away + offer their hand while Alex is walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervision + physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss - speak to Alex in normal conversation tone at close range. If more than 3ft away staff will raise voice above normal conversation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Uses hands to explore his environment. Staff will use verbal prompts and use redirection techniques.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family walking independently, outings, li with staff, his peers, being around people who know him best, being included, sitting in a realiner, being independent</u>
Important for:	<u>Keeping arm lengths away, informing him before doing anything, food, epi-pen</u>
Likes:	<u>Mr Man, good food, involvement, realiner time, independence</u>
Dislikes:	<u>Bored or left out, pain or being uncomfortable, not getting enough to eat</u>

Staff: Megan Gagner
 Date: 12/16/2021



Service Recipient: Alex G
 Service Span: _____

Outcomes:

Outcome #1: Weekly, Alex will visit a program area of his choice in 80% or more trials in 12 months.
 Summarize Steps: 1: Alex will be asked where he would like to go
 2: Alex will be observed for indicating a non-verbal preference.
 3: Alex will indicate disinterest in a choice either by frowning or pulling his hands away.

Outcome #2: Daily, Alex will choose a lunch item he wants to eat first in 80% of trials over 12 months.
 Summarize Steps:
 1: At the start of lunch every day, Alex will be shown his lunch items in which will verbally describe
 2: Alex will be asked which items he wants to eat first which Alex is encouraged to touch.

Communication Style: Using facial expressions, vocalizations and gestures.

Learning Style: Alex best responds to verbal and physical prompts through repetition

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Alex is allergic to bee stings and sulfa, epi-pen is brought along or an event that it may be needed.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision of seizure activity, follow seizure protocol and report to residence if seizure occurs.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is monitored during meals and assisted as needed. If choking occurs staff will give abdominal thrusts and call 911.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, lunch is set from home in accordance to diet.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha thalassemia X-linked syndrome, brachycephalic, cleft palate, epicanthus, ocular hypotelism, BFRD, Periodic Tachycardia, Osteoporosis, Chronic ear infections. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications are administered according to prescribers orders. Staff are trained.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex requires full assistance. Alex will stand and hold the mat table while staff complete cares.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff stay within arms reach of Alex while he is walking, staff may use transfer belt. Alex will propel wheel chair.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support in the community. Staff will observe and intervene in dangerous situations.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing loss, staff speak to Alex in a normal tone at close range. Staff will raise voice if they are 3 feet away.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex uses his hands to explore his environment. Staff give verbal prompts and redirection techniques.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	<u>walking independently, his peers, his family, being independent, being included.</u>
Important for:	<u>keeping peers arms length away, physicians ordered diet, epi-pen</u>
Likes:	<u>good food, being involved, being independent, down time in recliner</u>
Dislikes:	<u>being in pain/uncomfortable, not getting enough to eat</u>

Staff: Natalie Johnson



Service Recipient: Alex G

Date: 12-17-2021

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Weekly, Alex will walk to visit a program area of his choosing.
 Summarize Steps: Alex will be asked where he would like to go for a walk. Observe for a positive response or disinterest. Alex is able to walk short distances. Support Alex by staying at an arms length. Staff may also use a transfer belt to support Alex. If staff offers too much assistance, Alex may go to the floor or stop walking.

Outcome #2: Daily, Alex will choose which lunch item he would like to eat first.
 Summarize Steps: Alex will be shown the items in his lunch, staff will verbally explain each option. Staff will encourage Alex to touch his preference.

Communication Style:
Facial expressions, vocalizations, and gestures.

Learning Style:
Alex appears to be an auditory, visual and kinesthetic learner.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex is allergic to bee stings and sulfa. Staff bring his epi-pen on outings. Avoid places that have high risk of bee presence.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex will be supervised and monitored for seizure activity. Staff are trained on Alex's seizure protocol. Staff will report all seizure activity to his residence.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex is visually monitored during meals and offered assistance as needed. If Alex chokes staff will give abdominal thrusts and call 911.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ordered bite sized diet. Alex uses a coated built-up spoon, scoop, and sports bottle.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia X-linked Syndrome. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Brachycephalic, cleft palate, epicanthus, ocular hypotelorism (FRD), Pericardial tachycardia, Eczema, osteoporosis, chronic ear infections.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>medications are administered according to prescriber's orders.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alex requires full assistance with personal cares. He will stand while holding the mat table while staff complete his cares.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff stay an arms length away when Alex is walking. Staff may use a transfer belt. Alex uses a wheelchair that staff propel for him.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision and physical support when in the community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss - Staff will speak to Alex in a normal conversation tone at a close range. Use above normal range if more than 3ft away.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex uses his hands to explore his environment. Staff will give Alex verbal prompts and use redirection techniques.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: His family, walking independently, going on outings. 1:1 with staff, his peers, being around people who know him best. being included, recliner, being independent.

Important for: keeping peers an arms length away, letting him know before you do anything. his physicians ordered diet, his epi-pen.

Likes: Mr. Man, having good food, being involved, down time in the recliner, being independent.

Dislikes: Being bored or left out, being in pain or uncomfortable, not getting enough to eat.

Staff: Maddy K

Date: 12/14/21



Service Recipient: Davis Wolf

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: <u>Davis will use his voice to communicate with staff</u> Summarize Steps: <u>Ask question, allow time to answer</u>
Outcome #2: <u>Davis will choose 2 staff members and/or peers he would like to visit</u> Summarize Steps: <u>Inform time to choose staff/peers to visit, allow for choice to be made</u>
Communication Style: <u>Understands verbal communication with sign when prompted, words after comfortable</u>
Learning Style: <u>Routine and repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vanc omycin. Rash on upper body, only given prescribed medication</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence + Tonic, Has VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, may put too much in his mouth</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized regular calorie diet</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to use toilet, Staff assist with cares</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing, will undo seat belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision whole time in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive on head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit self + throw items, Staff will get him to a safe area and communicate with him</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Music, coloring, lol time, preferred foods/drinks

Important for: Use communication, Participating, Socializing

Likes: Being busy, Blues clues, going out to eat, shopping

Dislikes: Not being engaged, being told no

Lead Review Completed: AS

Staff: Nancy Larson
 Date: 12/14



Service Recipient: Davis Wolf
 Service Span: Dec 2021 to 2022

Outcomes:

Outcome #1: <u>Use voice to communicate with his staff</u> Summarize Steps: <u>Ask a question</u> <u>encourage him</u> <u>praise him</u>
Outcome #2: <u>Choose 2 staff peers to visit, Allow to make a chore</u> Summarize Steps: <u>Present pictures</u> <u>assist him in visiting</u>
Communication Style: <u>understands verbal communications use Yes/No</u> <u>prompt him</u> <u>questions</u>
Learning Style: <u>Routine & Repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Worsmed Seizures, VAS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, regular caloric</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, supported to standing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Contact Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive on head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit staff on head, "</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>
Important to: <u>Music, I-pad, coloring</u>	
Important for: <u>use communication skills, participate</u>	
Likes: <u>being busy, blues clues</u>	
Dislikes: <u>no conversation, saying no to him</u>	

Lead Review Completed: AS

Staff: Anna Pratt
 Date: 1/7/22



Service Recipient: Davis Wolf
 Service Span: _____

Outcomes:

Outcome #1: use his voice to communicate
 Summarize Steps: Ask question, give time to process
Ask to use voice

Outcome #2: choose 2 staff/peers to visit
 Summarize Steps: inform time to choose staff/peers, present pictures, assist in visiting

Communication Style:
understands verbal, limited sign when prompted, occasional words

Learning Style:
routine & repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin check medication</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent & tonic (none since 2018) VNS, PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs support to stand to change</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing, self or staff propelled wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive on head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit head, throw items provide safe location ask what's wrong</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Important to:	<u>music, iPad, coloring, 'writing', 1:1 w/ preferred staff, preferred foods</u>
Important for:	<u>use communication skills, participate in activities, socialization</u>
Likes:	<u>Blues clues, being busy, going out to eat, shopping</u>
Dislikes:	<u>being told 'no', lack of social engagement</u>

Lead Review Completed: AS

Staff: Natalie Johnson

Date: 12-17-2021



Service Recipient: Davis Wolf

Service Span: Dec 2021-2022

Outcomes:

<p>Outcome #1: <u>Davis will use his voice to communicate with staff.</u></p> <p>Summarize Steps: <u>Staff will ask Davis a question, allow time to process, ask him to use his voice, may be asked multiple times, throughout the day. Praised for accomplishing the goal.</u></p>
<p>Outcome #2: <u>Davis will choose 2 staff and/or peers he would like to visit.</u></p> <p>Summarize Steps: <u>Inform time to choose staff/peers to visit, present pictures, allow for choice to be made, staff assist in visiting.</u></p>
<p>Communication Style: <u>Understands Verbal, communicates with limited sign when prompted, words usually after comfortable with someone.</u></p>
<p>Learning Style: <u>Routine and repetition.</u></p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Vancomycin, rash on upper body, only given prescribed medication.</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Absence, tonic. hasn't had seizures since 2018, VNS Diazepam PRN</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, may put too much food in mouth, reminders to eat slow.</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, reg calorie diet prepared by staff/guardian.</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Clonidine, risperidone, Depakote</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Abriets, supported to stand by 1or2 staff using bar to hold. Uses toilet</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Limited weight bearing, wheelchair - may propel himself. Wears seatbelt at all times.</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Constant supervision due to lack of safety skills.</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Tactile defensive on head, provide space with negative communication.</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Hit self on head, throwing items: provide safe location, communicate with Davis (what's wrong)</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>No unsupervised time.</u></p>
<p>Important to: <u>Preferred activities (read, coloring, music) 1:1 time with preferred staff Preferred foods and beverages.</u></p>	
<p>Important for: <u>Use communication skills, participate in activities with peers. - socializing.</u></p>	
<p>Likes: <u>Being busy, Blues elves, coloring, going out to eat, shopping.</u></p>	
<p>Dislikes: <u>Environments where not engaged or no conversation. Being told no</u></p>	

Lead Review Completed: As

Staff: Maria Hochler
 Date: 12/17/21



Service Recipient: _____
 Service Span: _____

Outcomes:

Outcome #1: Davis will use his voice to communicate with his staff during his programming day.
 Summarize Steps: staff will ask Davis a question, allow time to process, ask him to use his voice, may be asked multiple times throughout his day, praised for accomplishing the goal.

Outcome #2: Davis will choose 2 staff members and/or peers that he would like to visit.
 Summarize Steps: inform time to choose staff/peers to visit, present pictures, allow for choice to be made, staff assist in visiting.

Communication Style:
Understands verbal, communicates with limited sign when prompted, words (usually after comfort with someone)

Learning Style:
Routine and repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin rash on upper body, only given prescribed medication.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence (Decrease in responsiveness) and Tonic (Drop with stiffening), hasn't had seizure since 2018, VNS, Diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, mgly put too much food in mouth, reminders to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, Regular calorie diet prepared by staff/Guardians</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, support to standing 1 or 2 staff using bar to hold onto, can use toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing, wheelchair - may propel himself for short distances, wear belt at all times</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision due to lack of safety skills, limited weight bearing, wheelchair - may propel himself for short distances, wears belt at all times</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>constant supervision due to lack of safety skills, Tactile devesion on head, provide space with negative communication</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on head, throwing items; provide safe location, communicate with Dave (what's wrong)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised time</u>
Important to:	<u>Preferred activities (music, iPad, coloring), 1:1 time with preferred staff, preferred food & beverages.</u>
Important for:	<u>Use communications skills, participate in activities with peers - socializing</u>
Likes:	<u>Being busy, Blues Clues, coloring, going out to eat, shopping</u>
Dislikes:	<u>Environments where not engaged or no conversation included him, being told "No"</u>

Staff: Megan Gagner
 Date: 12/16/2021



Service Recipient: Davis Wolf
 Service Span: _____

Outcomes:

<p>Outcome #1: Davis will use his voice to communicate with his staff during his programming day.</p> <p>Summarize Steps: 1: staff will ask Davis a question, allow time, ask him to use his voice, may be asked throughout the day, praised for accomplishing his goal.</p>
<p>Outcome #2: Davis will choose 2 staff members and/or peers that he would like to visit.</p> <p>Summarize Steps: 1: Inform time to choose staff/peers to visit, present pictures, allow time for choice to be made, staff assist in visiting.</p>
<p>Communication Style: understands verbal, communicates with limited sign when prompted, uses verbal communication more with staff/peer he is comfortable with.</p>
<p>Learning Style: <u>Routine 3 repetition</u></p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Vancomycin, only give prescribed medications.</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Davis experiences absence and tonic seizures. He has not had a seizure since 2018. Diazepam PRN.</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized diet, staff put too much food in his mouth, remind him to eat slow.</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized diet, prepared by staff and guardians.</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>N/A</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>clonidine, Risperidone, Depakote by trained staff.</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>supported by staff using toilet, 1 to 2 staff and bar to hold onto, 2 briefs.</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>limit weight bearing, may propel himself in his wheel chair for short distances, seat belt at all times.</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>constant supervision</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Tactile defensive on head</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>throwing items, hits himself on the head, communicate with Davis.</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>NO unsupervised time</u></p>
<p>Important to: <u>1 on 1 time with preferred staff, iPad, music</u></p>	
<p>Important for: <u>participate in activities with peers - socializing.</u></p>	
<p>Likes: <u>Blues clues, shopping, going out to eat</u></p>	
<p>Dislikes: <u>Being told no, environments with no conversation</u></p>	

Staff: Betsy
 Date: 12/16/2021



Service Recipient: Davis Wolf
 Service Span: Dec 2021 - Dec 2022

Outcomes:

<p>Outcome #1: <u>Davis will use his voice to communicate with his staff during his programming day.</u> Summarize Steps: <u>Staff will ask Davis a question, allow time to process, ask him to use his voice, may be asked multiple times throughout the his day, praised for accomplishing the goal</u></p>
<p>Outcome #2: <u>Davis will choose 2 staff members and/or peers that he would like to visit.</u> Summarize Steps: <u>Inform time to choose staff/peers to visit, present pictures, allow for choice to be made, staff assist in visiting</u></p>
<p>Communication Style: <u>Understands verbal, communicates with limited sign when prompted, words usually after comfortable with someone</u></p>
<p>Learning Style: <u>Routine and repetition</u></p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Vancomycin, rash on upper body, only given prescribed medication</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Absence (Decrease in Responsiveness) and Tonic (Drop with stiffening), hasn't had a seizure since 2018, VNS Dيازepam PRN</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, may put too much food in mouth, reminders to eat slow</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, regular caloric diet prepared by staff/guardians</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Clonidine, Risperidone, Depakote</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>2 briefs supported to standing by 1 or 2 staff using the bar to hold onto, can use toilet</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Limited weight bearing, wheelchair - may propel himself for short distances, wears seatbelt at all times</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Constant supervision due to lack of safety skills</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>(Able) defensive on head, provide space with negative communication</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Hits self on head, throwing items, provide safe location, communicate with Davis (what's wrong?)</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>No unsupervised time</u></p>
<p>Important to: <u>Preferred activities (music, ipad, coloring) 1:1 time with preferred staff, preferred foods + beverages</u></p>	
<p>Important for: <u>Use communication skills, participate in activities with peers - socializing</u></p>	
<p>Likes: <u>Bong busy, Blues Clues, coloring, going out to eat, shopping</u></p>	
<p>Dislikes: <u>Environments where not engaged or no conversation around him, being told "NO"</u></p>	

Staff: Deane Lepley



Service Recipient: Davis Walsh

Date: 12-16-21

Service Span: _____

Outcomes:

Outcome #1:
Summarize Steps: Davis will use his voice to communicate with staff during his programming day
Outcome #2:
Summarize Steps: Davis will choose 2 staff members and/or peers that he would like to visit.
Communication Style: Understands verbal, communicates with limited sign when prompted. words only after comfortable w/ someone
Learning Style: Routine + repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: VANCOMycin, rash on upper belly, only given prescription medication
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Absence + Tonic
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, may put in mouth (slow in mouth so it remains to eat slow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, regular calcium diet prepared by staff/guardians
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes 2 briefs supported, no standing by 1 or 2 staff using the bar to hold onto, can use toilet
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: clonidine, risperidone + Depakote
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, regular calcium diet prepared by staff/guardians
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Limited weight bearing, wheel chair may propel himself for short distances, wears seat belt at all times
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: constant supervision due to lack of safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile, defensive on road, provide space w/ positive communication.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hit self on head, throwing items, provide safe location, communicate w/ Davis
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO unsupervised time
Important to:	preferred activities (music, food, coloring) 1:1 time w/ preferred staff preferred foods + beverages
Important for:	use communication skills, participate in activities with peers - socializing
Likes:	Being busy, Blues clues, coloring, Sun at the bar, stepping
Dislikes:	environments where not engaged or no conversations around him being told "NO"

Lead Review Completed: _____

Staff: Alice L. Cox
 Date: Dec 15, 2021



Service Recipient: DAVIS WOLF
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: Davis will use his voice to communicate w/ staff
 Summarize Steps: Ask question / allow time to process / Ask to use voice / Ask multiple times / Praised

Outcome #2: Choose 2 staff or peers to visit
 Summarize Steps: Oncom time to choose / Allow for choice to be made / Staff assist in the visit

Communication Style: Verbal, limited signs when prompted - better w/ folks he knows

Learning Style: Routine / Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomin Patch on Upper Body only when prescribed</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent / Tonic - Drop w/ Sluffering Not since 2018</u> ^{VNS Disabom}
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized / Eat slowly reminders too much in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Sized Regular Calaisus depend by staff</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	List & Describe Supports: <u>NA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Disperidone, Depakote</u> ^{can take toilet}
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 Briefs supported by 1 or 2 staff holding Bar</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited Weight Bearing Seat belt at all times</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision no safety skills</u> ^{May Propel short distances}
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defense on head provide peace</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on head, throw items, provide safe location</u> ^{Communicate what is wrong?}
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Preferred activites - music IPAD coloring 1 on 1 w/ staff</u> ^{Prepared food + Beverages}
Important for:	<u>Communication skills, Activities w/ peer socializing</u>
Likes:	<u>Being Busy Blues Choo, coloring, Eating out, Shopping</u>
Dislikes:	<u>Not being engaged, No conversation Being tired</u>

Staff: Colette Rice

Date: 12/14/21



Service Recipient: Davis Wolff

Service Span: _____

Outcomes:

Outcome #1: will use his voice to communicate with staff
 Summarize Steps: Ask him questions encourage him

Outcome #2: will choose 2 staff members to visit
 Summarize Steps: Staff assisted him to people he chose

Communication Style:
Verbal, limited sign

Learning Style:
routine, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vancomycin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>regular caloric diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hits head, flips tables</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>perferred activities</u>	
Important for:	
Likes: <u>Busy Blues clues Shopping</u>	
Dislikes: <u>not engaged being told no</u>	

Lead Review Completed: AS

Staff: Kia L. Bauch

Date: 12/14/21



Service Recipient: Davis Wolf

Service Span: Dec. 21 → Dec. 22

Outcomes:

Outcome #1: Davis will use his voice to communicate with staff

Summarize Steps:
-ask a question, use his voice to answer

Outcome #2: Davis will choose 2 staff to visitor

Summarize Steps:
-present pictures, let him choose

Communication Style:
verbal, limited sign,

Learning Style:
routine + repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vancomycin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence + Tonic</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized</u>
Chronic Medical Conditions: <u>NA</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, stands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hits head, throwing items</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Important to: <u>preferred activities, lil time</u>	
Important for: <u>communication skills</u>	
Likes: <u>Blue clues, out to eat</u>	
Dislikes: <u>boring environment, being told no</u>	

Lead Review Completed: AS

Staff: ERIN SANDERSON



Service Recipient: DAVIS WOLF

Date: 12-14-2021

Service Span: DEC. 2021 - DEC. 2022

Outcomes:

Outcome #1: DAVIS WILL USE HIS VOICE TO COMMUNICATE WITH HIS STAFF.
 Summarize Steps: DURING HIS PROGRAMMING DAY.
 1. ASK DAVIS A QUESTION. ASK TO USE VOICE.

Outcome #2: DAVIS WILL CHOOSE 2 STAFF MEMBERS OR PEERS TO VISIT.
 Summarize Steps: INFORM TIME, PRESENT PICTURES, ALLOW TIME FOR CHOICE TO BE MADE.

Communication Style: VERBAL, CAN ~~USE~~ SIGN, WORDS AFTER COMFORTABLE.

Learning Style: ROUTINE / REPETITION

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PAST - VANCOMYCIN
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ABSENCE & TONIC, VNS, DIAZEPAM
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BITE SIZED, REMINDERS TO EAT SLOW
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BITE SIZED, REGULAR CALORIE
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MA DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: CLONIDINE, RISPERIDONE, DEPAKOTE
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 BRIEFS / HOLD MAT TABLE
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: W/C - SEAT BELT AT ALL TIMES
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: CONSTANT SUPERVISION DUE TO SAFETY SKILLS
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: TACTILE DEFENSIVE ON HEAD
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MAY HIT HEAD, THROW TABLES - COMMUNICATE W/DAVIS
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME
Important to:	PROFESSOR ACTIVITIES, MUSIC, 1 ON 1 TIME
Important for:	TIME TO USE COMMUNICATION SKILLS, PARTICIPATE IN ACTIVITIES
Likes:	BEING BUSY, SHOPPING, GOING OUT TO EAT.
Dislikes:	ENVIRONMENTS WHERE NOT ENGAGED OR NO CONVERSATIONS

Lead Review Completed: AS

Staff: Jenny Trimble

Date: 12/14/21



Service Recipient: Davis Wolf

Service Span: 12/2021 - 12/2022

Outcomes:

<p>Outcome #1: <u>Davis will use his voice to communicate w/ his staff</u> Summarize Steps: <u>during programming okay</u> <u>staff will ask Davis to use his voice & praise him for accomplishing his goal</u></p>
<p>Outcome #2: <u>Davis will choose 2 staff members & peers to visit</u> Summarize Steps: <u>inform him to choose, present pictures & allow for choice to be made, staff assist in visiting</u></p>
<p>Communication Style: <u>Verbal communication, limited signs when prompted, words usually used when comfortable</u></p>
<p>Learning Style: <u>Routine & repetition</u></p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Vancomycin</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Absence: (Decrease in responsiveness)</u> <u>Tonic</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, may put too much in his mouth</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized, reg. Calorie</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NPT</u></p>	<p>List & Describe Supports: <u>2 brats supported by 1-2</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Clonidine, Risperidone, Depakote</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Limited weight bearing</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Limited weight bearing, w/c may propel by self</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Tactile defensive</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Hit-Self on head, provide safe location</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: <u>music iPad, coloring, 1:1 w/ preferred staff</u></p>	
<p>Important for: <u>communication skills participate</u></p>	
<p>Likes: <u>Being busy, coloring, shopping, out to eat</u></p>	
<p>Dislikes: <u>not being engaged, being told no</u></p>	

Lead Review Completed: AS

Staff: Laura Stacken

Date: 12-14-2021



Service Recipient: Davis Wolf

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Davis, will use his voice to communicate with his staff during his programming day.
Summarize Steps: Staff will ask question, allow time to process, ask him to use his voice,

Outcome #2: Davis will choose 2 staff members he would like to visit. Praised for accomplishing the goal.
Summarize Steps: Choose staff/peer, Present Pictures, allow time to choose.

Communication Style:
Understands Verbal Communicates, limited sign,

Learning Style:
Routine & repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, Rash on upper body, only give prescribed</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence & tonic. VNS, (Diazepam PRN)</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, may put too much food in mouth</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized Reg cal</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, use toilet</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing Wears seat belt @ all times</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive on head, Provide space</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit self on head, throwing items, provide safe space</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

Important to:
Preferred activities (music, ipad, coloring) 1:1 time

Important for:
Use communication skills, participate in activities

Likes:
Being busy, Blue clues, coloring going out to eat, shopping

Dislikes:
Environments where not engaged or NO conversations around him.

Lead Review Completed: AS

Staff: Suzanne Christensen



Service Recipient: Davis Wolf

Date: 12/14/2021

Service Span: _____

Outcomes:

Outcome #1: <u>Davis voicing to stay during the day.</u> Summarize Steps: <u>ASK him questions, allow time to answer. ask him to use his voice.</u>
Outcome #2: <u>Choose 2 staff/peers to visit.</u> Summarize Steps: <u>tell him when to choose - give pictures. allow choice to be made, staff assist with visiting.</u>
Communication Style: <u>verbally comm. words when he's comfortable around you.</u>
Learning Style: <u>repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin (wash no part body)</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence (Decrease in response) 3, tonic - none since 2018</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized foods - reminders to eat slow.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u> </u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>MA</u>	List & Describe Supports: <u>2 briefs, supported to stand by 1 or 2 staff - walking</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>_____</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized regular food <u>Calorie diet</u></u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing, w/ w/ seat belt.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>flexible defensive at end. give space.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on the head, throwing items.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>music, ipad, coloring, w/ w/ preferred staff.</u>
Important for:	<u>use communication skills, activities w/ peers</u>
Likes:	<u>bray, Blue Club / coloring, eating, shopping</u>
Dislikes:	<u>not being engaged, being told "no"</u>

Lead Review Completed: AS

Staff: Kanya M
 Date: 12-14-21



Service Recipient: _____
 Service Span: Dec 2021-2022

Outcomes:

Outcome #1: Davis will use his voice to communicate with staff during program Day.
 Summarize Steps: ASK questions, allow to process, ASK him to use his voice. Gets happy when you happy

Outcome #2: Davis will choose 2 staff / peers he'll like to visit.
 Summarize Steps: Time to choose staff/peers, present pictures, allow time for choice

Communication Style: Understand verbal, communication with limited sign user prompted

Learning Style:

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>rash on upper body only give prescribed meds</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lost on 2018</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet may put too much food in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size, food come from home</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine Risperidone Dep</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supported by 1-2 staff, 2 breasts. legs shaky when ready to sit down</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing seat belts all the time</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>provide space when negative communications</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit himself</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>preferred activities 1 on 1 time with preferred staff</u>	
Important for: <u>use communication skills</u>	
Likes: <u>Being busy blues clues</u>	
Dislikes: <u>not engaged, "no", no conversations</u>	

Lead Review Completed: [Signature]

Staff: Morgan B.

Date: 1/10/2022



Service Recipient: DAVIS

Service Span: _____

Outcomes:

Outcome #1: use his voice to communicate w/ staff during the day

Summarize Steps:

ask question, allow time to process. may be asked multiple times

Outcome #2: 2 staff/peers to visit

Summarize Steps:

inform of time to choose staff/peer, present pictures, allow choice to be made

Communication Style:

understands verbal, limited ASL, words are usual after being comfortable

Learning Style:

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vancomycin, rash on upper body</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence, tonic, no seizure since 2018, vns, diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, may put too much food in mouth, eat ^{slow} reminders</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bitesize</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>clonidine, risperidone, eltopakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, standing by 1 or 2 staff, hold on bar</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing, may propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive on head, provide space w/ ^{negative} communication</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit self on head, throw items: provide safe location, communicate w/ ^{DAVIS}</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>1:1 w/ preferred staff, food and beverages</u>
Important for:	<u>communication skills, participation</u>
Likes:	<u>being busy, blues clues, coloring, going to eat, shopping</u>
Dislikes:	<u>no conversation around him, being told no</u>

Staff: Restus Kahn
 Date: 12/16/2021



Service Recipient: Davis Wolf
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: <u>Davis will use his voice to communicate with his staff during programming day.</u> Summarize Steps: <u>Staff will ask Davis a question, allow time to process, ask him to use his voice, maybe asked multiple times throughout the day, praised for accomplishing the goal.</u>
Outcome #2: <u>Davis will choose 2 staff members and/or peers that he would like to visit.</u> Summarize Steps: <u>Inform him to choose staff/peers to visit, present pictures, allow for choices to be made, staff assist in visiting</u>
Communication Style: <u>Understands verbal, communicates with limited sign when prompted, words usually after comfortable with someone.</u>
Learning Style: <u>Repetition and repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, rash on upper body, only given prescribed medication</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence (Decrease in responsiveness) and Tonic (Drop wrist stiffening) witnessed seizure since 2018, VNS, Diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not signed, may put too much food in mouth, reminders to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Both sized, regular caloric diet prepared by staff/guardians.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs supported to standing by 1 or 2 staff using a bar to hold onto, also use toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing wheel chair, may propel himself for short distances, wears seat belt at all times</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision due to lack of safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>negative tactile defensive on head, provide space with communication</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on head knowing items: provide safe location, communicate with Davis (what's wrong)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to: <u>Preferred activities (music, iPad, coloring), 1:1 time with preferred foods and beverages</u>	
Important for: <u>Use communication skills, participate in activities with peers - socializing</u>	
Likes: <u>Being busy, blues clues, coloring, going out to eat, shopping.</u>	
Dislikes: <u>Environments where not engaged or no conversation around him, being told "No"</u>	

Lead Review Completed: AS

Staff: Baro
 Date: 12/14/21



Service Recipient: Darius Wolf
 Service Span: Dec 21/22

Outcomes:

Outcome #1: VOICE to Communicate w/ Staff
 Summarize Steps: ask questions; use his voice, encourage him. praise for accomplishing goal

Outcome #2: Choose 2 staff members/peers to visit
 Summarize Steps: have to choose to visit, present pros, all for choices to be made.

Communication Style: communicate w/ sign; understands verbal words usually & feel comfortable w/ someone

Learning Style: Repetition, routine

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NASH, vancomycin; given prescribed meds</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence, tonic, clonic, diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size; reminders to slow. too much food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, no cal diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>2 bites</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 OR 2 staff using bar to hold on-to</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weigh bearing, propel; seat belt all times</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>active defensive on head; provide space</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit himself on head, throw table, provide safe to ^{1:1} to ^{1:1} communication</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: music, color; 1:1 staff food/drink

Important for: communication skills, socializing

Likes: busy, play clay, eating, sleeping

Dislikes: environments where he is not engaged; being told no.

Lead Review Completed: AS

Staff: Danielle
 Date: 12.14.21



Service Recipient: Davis WNF
 Service Span: 12.21-12.22

Outcomes:

Outcome #1: Use voice to communicate with staff
 Summarize Steps: 1st Ask Davis? Give time to process
Ask to use voice, ask questions, encourage him

Outcome #2: Davis will choose 2 staff members of peers to visit
 Summarize Steps: Inform time to choose visit, present pics, Allow
per choice to be made.

Communication Style: sign, understands verbal communication.
yes and no questions

Learning Style:
Routine and Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, rash on upper body</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence, VNS, No seizure since 2018 diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet, eat too much food in mouth, remind to ^{slow} down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size reg calorie</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 Brett, stand from wheelchair XI staff, use toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing, may propel wheelchair, seat belt @ all times</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive on head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit himself on head, find safe location</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised time</u>
Important to: <u>Preferred activities iPad, coloring, food</u>	
Important for: <u>Communication skills, participate in activities</u>	
Likes: <u>being busy, coloring, shopping</u>	
Dislikes: <u>No conversation, being told No</u>	

Lead Review Completed: AS

Staff: Sommer
 Date: _____



Service Recipient: Davis Wolt
 Service Span: _____

Outcomes:

Outcome #1: Use voice to comm. Start during program day
 Summarize Steps: 1) ask question, give time to process
2) may ask multiple times
3) practice for accomplish

Outcome #2: Choose 2 staff/peers to visit
 Summarize Steps: Inform time to choose, present pic, allow choice to be made, staff assist

Communication Style: Understands verbal comm w/ impaired sign when prompt, words usually utter comfortable w/ someone

Learning Style:
Routine/ repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>rash on upper body</u> <u>Vancomycin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may put too much food in mouth</u> <u>bite sized diet remain to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, reg cal diet prepared by staff</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Na</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>clonidine, risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 brics, stand from wheel chair w/help</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limit weight, wears seat belt,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant sup, due to lack of safety skin</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile det. on head, provide space w/ neg comm</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit head, throwing items</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>LT w/ preferred staff, preferred food / drinks</u>
Important for:	<u>Use comm skills, participate w/ activities</u>
Likes:	<u>Being busy, Blues clips</u>
Dislikes:	<u>not engaged in comm</u>

Lead Review Completed: AS

Staff: Delo HARRIS



Service Recipient: DAVIS Wolf

Date: 12/14/21

Service Span: Dec 1st / Dec 22

Outcomes:

Outcome #1: Davis will use his voice to communicate with staff during his programming day

Outcome #2: DAVIS will choose 2 staff mem or peers that he would like to.

Summarize Steps: visit Inform time to choose

Communication Style: understand verbal, communication with limited sign

Learning Style: Routine + Repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VA COMY 210 / RASH</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ABSENCE / tonic</u>	
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size may eat too fast</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet Reg prepared by staff @ Guar</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine . Risperidone , Depakote</u>	
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limiting weight bearing , wearing seat belt</u>	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision due to lack of safety skills</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defence on head , provide space with neg. comm</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit himself on head throw things</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

Important to: Music , iPad coloring

Important for: use communication skills participate

Likes: Being busy , Blues clues , , going out to eat , shopping

Dislikes: environments where not engaged or no conversations being told no

Lead Review Completed: AS