Competency Tracking Form

PAI Oakdale

Participant: Sandy N. **Annual Service Span:** Dec. 21 - Dec. 22

Annual Meeting Date: 12/18/21 **Date Assigned to Lead:** 150

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name
12/28/21	PD	Paris Dyer
12/28/21	LH	Lisa Hartman
12/28/21	MS	Maurita Sweeney
12/28/21	TL	Tristen Lorsung
12/28/2021	AD	Amanda Diaz
12/31/21	SB	Sara Berglund
12/28/21	JP	Jalysa Pratt
12.28.21	EE	Emily Elsenpeter
12/04/21	TG	Trey Gould
12.08.21	AFM	Alfredo Fierro-Montes
		~~Kathryn Perry~~
12/28/21	MBP	Mari Basurto Poferl
12/28/21	LH	Lindsay Hiland

Date Completed	Initials	Full Name

Date Uploaded to LMS: _____

Staff: Emily Eisenpeter
Date: 12.28.2021

Service Recipient: Sandy Nienow
Service Span: December 2021- December 2022

Outcomes:

Outcome #1: Room to visit 2x weekly
Summarize Steps:
give choices of rooms to visit (will take you to room or y/n)

Outcome #2: choose instrument to play
Summarize Steps:
2 choices on instruments

Communication Style:
ASL, communication book, Y/N ?'s, point & bring staff

Learning Style:
Routine & Repitition, verbal, physical & visual cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Reminders to eat slow, missing teeth
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Physcians diet-mechanical Soft or pureed diet, honey thick
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron dificiency, Anemia, GERD, chronic nose bleeds, moderate ID, osteoporosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums, Thick-it
Personal Cares: ☒ No ☐ Yes	Describe Supports: Request to use & for assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Vision imparirment, may request wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: can recognize some dangers
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision imparirment - assistance navigating surroundings
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hit, scratch, push peer w/in arms reach
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports: N/A
Important to: Socializing, choices, Elvis, Food Network, being involved	
Important for: Staying active, walks, relationships, space	
Likes: Socializing, Elvis/music, Food Network, Bobby Flay, mealtime	
Dislikes: No time for socializing/activities or to make choices independently	

Lead Review Completed: CEL

Staff: Jalysa Pratt
Date: 12/28/21

Service Recipient: Sandy Nienow
Service Span: Dec 2021 - 2022

Outcomes:

Outcome #1: will choose a room to visit 2 weekly 95% or more over the next 12 month
Summarize Steps:
Give Sandy choices on which room she would like to visit.

Outcome #2: Weekly she will choose an instrument to play. 85 or more.
Summarize Steps:
Provide Sandy with 2 choices on which instruments.

Communication Style: Some ASL, her comm book. will point and bring staff over to item. Answer to most yes/no questions.

Learning Style: Routine / repetition.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: missing teeth, UD, Remind to slow down when eating too fast.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: mechanical soft, pureed foods honey thick liquids
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ID, Anemia, Gerd, Mixed DNR/DNI: ☐ No ☒ Yes Hyperlipidemia, Nose bleed, Moderate ID osterporis
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500 mg, Thick-It
Personal Cares: ☑ No ☐ Yes	Describe Supports: will independently request when she needs the bathroom, request when assist is needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Vision Impairment, may request wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys comm. time, can recegonize some dangers.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision Impairment, may seek out assistance navigating her surroundings
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May hit, push, or scratch a peer when upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Socializing, being offered choices, listening to Elvis Food Network & being involved

Important for: Staying active, short walk, socializes; building relationships

Likes: Socailing, Elvis, Involved in group, being nead to Food Network

Dislikes: Not having opportunities, to be social or participate in activites. Not making choices.

Lead Review Completed: AM

Staff: Alfredo Fierro-Montes

Date: 12/28/21

Service Recipient: Sandy Viemow

Service Span: 12/21 – 12/22

Outcomes:

Outcome #1: Sandy will choose a room to visit twice weekly.

Summarize Steps:

Give her choices on which room to visit.

Outcome #2: Weekly, Sandy will choose which instrument to play.

Summarize Steps:

Provide 2 choices on which instruments to play.

Communication Style:

Some ASL, comm book, point & bring staff.

Learning Style:

Routine / repetition, verbal, physical & visual cues.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Missing teeth, reminder to slow down.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Physicians order. Soft / pureed w/ honey thickened
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes — Iron deficiency, Anemia, GERD, Chronic Nose Bleeds.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500 mg / Thick it.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Will independently use bathroom, request assistance if needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Visual impairment, may request wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys community, can recognize some dangers.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision impairment, may seek assistance.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May get upset when people take her food.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Socializing, offered choices, Elvis, Food Network

Important for: Being active, short distance walks, socialize, personal space.

Likes: Elvis, music, Food network, Bobby Flay

Dislikes: Not socializing, not participating, not being independent.

Lead Review Completed: _____

Staff: Amanda Diaz
Date: 12/28/2021

Service Recipient: SN
Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Sandy will choose to visit twice weekly.
Summarize Steps: Sandy will be given choices on which room she would like to visit

Outcome #2: Weekly, Sandy will choose which instrument she would like to play
Summarize Steps: will be given 2 choices of which instruments she would like to play

Communication Style: some ASL, her communication board

Learning Style: repetition, learns through verbal cues, physical & visual

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☑ No ☐ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: missing teeth, remind to eat slow, oropharyngeal Dysphagia
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Physician's order diet - mechanical soft
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Iron deficiency - Anemia, GERD chronic noise bleeds, osteoporosis — DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Tums 500mg, Thick-it
Personal Cares: ☑ No ☐ Yes	Describe Supports: will independently request to use the bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Vision impairment, may request to use a wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: Enjoys spending time in the community & can recognize some dangers
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Vision impairment, may seek out assistant
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may hit, push scratch when upset if within arm reach
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NA

Important to: Socializing, being offered choices, listening to Elvis being involved

Important for: Staying active, short walks, personal space

Likes: socializing, Elvis, music, being part of the group, meal time.

Dislikes: Not being included in activities, having the chance to make choices, unable to participate.

Lead Review Completed: AM

Staff: Tristen Lorsung

Date: 12/28/21

Service Recipient: S.N.

Service Span: Dec.21 - Dec.22

Outcomes:

Outcome #1: Choose to visit a room 2 weekly

Summarize Steps: - give room choices - Agrees or says no
- Verbally says

Outcome #2: Weekly choose instrument to play

Summarize Steps: - give 2 choices of instrument to play

Communication Style: some ASL, point, bring to item, yes/No answering, body lang.

Learning Style: repetition/routine visual cues

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: remind to eat slow, missing teeth,
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed, honey thicken liquids, mech. soft
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, Anemia, Kyphosis, moderate I.D. DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500mg tabs, thick-it
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independently request to use, and req. assistance when needed
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: visual impairment, may request to use wheel chair
Community Support: ☑ No ☐ Yes	Describe Supports: recognize some bumpers,
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, may seek assistance to navigate
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may hit push occasion in arms reach
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to: socialising, elvis, being involved	
Important for: socialize, staying active, personal space	
Likes: socialize, food network channel, elvis	
Dislikes: Not being independent or having choices.	

Lead Review Completed: CM

Staff: Mari
Date: 12/28/21

Service Recipient: Sandy
Service Span: 12/21 ~ 12/22

Outcomes:

Outcome #1: Sandy will choose a room to visit twice weekly.
Summarize Steps: In 85% trials over 12-month period. Give Sandy choices of which room she would like to visit

Outcome #2: Weekly Sandy will choose an instrument to play in.
Summarize Steps: 85% trials over 12-month period. Provide Sandy 2 choices on which instrument she would like to play.

Communication Style: Some ASL or communication book - will point or direct staff

Learning Style: routine and repetition, visual, verbal, physical, and visual cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Missing teeth & Osph.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Physicians ordered diet - pureed foods thickened w/ honey
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency, Anemia, GERD, Myfogs moderate ID, Osteoperosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500 mg tab & thick-it
Personal Cares: ☐ No ☒ Yes	Describe Supports: will independently request to use bathroom & request assistance
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Vision impairment may request to use wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys spending time in community & can recognize some dangers.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: vision impairment, may seek use of assistance navigating surroundings
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May hit, push or scratch
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Socializing, being offered choices, listening to Elvis, food network chanel and being involved

Important for: Staying active, short distance walks, socializing, and building relationships

Likes: socializing, elvis, being included, being read to, Bobby Flay and meat tenderizing

Dislikes: Not having opportunities to socialize or participate in activities, Not making choices or preferences.

Lead Review Completed: GH

Staff: Maurita Sweeney
Date: 12/28/2021

Service Recipient: S.N.
Service Span: Dec '21 - '22

Outcomes:

Outcome #1: Choose to visit Room Weekly.
Summarize Steps: presented with choices of rooms to visit. verbal ask - she will say yes or no.

Outcome #2: Weekly Choose an instrument to play.
Summarize Steps: Provide 2 choices and ask which instrument she would like to play.

Communication Style: Verbal, ASL, Communication Book
Y/N

Learning Style: Repetition, physical + verbal cues.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: some plastics
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Has missing teeth causing her to choke. Reminder to eat slow.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: physician order pureed food. Honey thick liquids
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: GERD, Iron deficiency Chronic Nose Bleeds. Intellectual disability. DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: Tums 500mg thickit
Personal Cares: ☑ No ☐ Yes	Describe Supports: Will request to use bathroom and will request assistance when needed.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Vision impairment. May request to use a wheelchair.
Community Support: ☑ No ☐ Yes	Describe Supports: enjoys spending time in community and can recognize some dangers.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Vision impairment. May seek assistance navigating.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May hit, push, scratch when upset if within Arms reach
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A
Important to:	Socializing, Elvis, Food Network Channel and being involved.
Important for:	staying active, building relationships, personal space, Enjoys walks.
Likes:	Socializing, Elvis, mealtime, Bobby Flay, being read to.
Dislikes:	Not having opportunities to socialize, make choices or participate in activities.

Lead Review Completed: _____

Staff: Trey G
Date: 12/28/21

Service Recipient: Sandy N
Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Sandy will Choose a room to visit twice weekly in.
Summarize Steps: 95% or more trials.
- Give sandy Choice

Outcome #2: weekly Sandy will Choose an instrument (85%).
Summarize Steps:
- Provide 2 Choices of Instruments

Communication Style: Some ASL and Communication Book (yes/no questions)

Learning Style: routine and repitition, best through physical and visual Cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: missing teeth and Oropharyngeal Dysphagia. remind to eat slow.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: mechanical Soft or Pureed (Honey thick liquids)
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Anemia, Gerd, Kyphosis, DNR/DNI: ☐ No ☒ Yes Chronic nose bleeds, moderate Intellectual disability, Osteoporosis
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500 mg and thick it
Personal Cares: ☒ No ☐ Yes	Describe Supports: Indepedently request to use Cares room, request Assistance when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Visual Impairment, may request wheel Chair
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys spending time in the Community, may recognize some dangers
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual Impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may hit, push, Scratch a peer when upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Socializing, elvis, food network Chennel, offered Choices

Important for: Active, short walks, socialize, Building relationships, Personal Space

Likes: Elvis, Group, being read to, Food network, Bobby flay, meal time

Dislikes: Not Socializing, not having the Option to be Independent

Lead Review Completed: CM

Staff: Lisa Hardman

Date: 12-28-21

Service Recipient: J. S. Nienow

Service Span: Dec-Dec 2022

Outcomes:

Outcome #1: choose room to visit 2x Wkly

Summarize Steps: give choice on room to visit

Outcome #2: Wkly - choose instrument to play

Summarize Steps: 2 choices of instrument to play - provide

Communication Style: some ASL comm. book will pt. + bring staff to them answer yes/no

Learning Style: routine, repetition learns best - verbal, physical, visual cues

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☑ No ☐ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: MBSS testing, oropharyngeal dysphagia remind to slow down eating
Specialized Diet: ☑ No ☐ Yes	Describe Supports: ordered, - mech. soft or pureed & honey thickened
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: iron def. - anemia GERD osteoporosis chronic nosebleeds DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: 500 mg tab s + Thick it
Personal Cares: ☑ No ☐ Yes	Describe Supports: ind. to use restroom can needs asst. - request
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: vision impair - may request to use wheelchair
Community Support: ☐ No ☐ Yes	Describe Supports: enjoys community + can recognize some dangers
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Vision impairment - may seek assist. to nav. env
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may hit, push or scratch a peer upset if within arms reach
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NA

Important to: socializing, elvis, food, Network, being involved choices

Important for: staying active, short distance walks, personal space, socializing - building relationships

Likes: Bobby Flay, Food Network, Socializing

Dislikes: to off to socialize or participate in activities, not able to ind. make choices/preferences

Lead Review Completed: _____

Staff: Paris Dyer
Date: 12/28/21

Service Recipient: Sandy Nienow
Service Span: _____

Outcomes:

Outcome #1: Choose room to visit weekly
Summarize Steps:
Chooses rooms to visit

Outcome #2: Choose instrument to play
Summarize Steps: Provide 2 choices of instruments

Communication Style:
Pointing, asl

Learning Style:
Routine & repletion

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Plastics
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Remind to slow down when eating
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Mechanical soft or pureed
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes — Anemia, Gerd. Chronic nose bleeds, Osteoporosis
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Tums 500 mg & thickit
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independently requests
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Vision impaired
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys community time, may recognize some dangers
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: May seek asistance while navigating
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May hit punch, scratch peers when upset
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Socializing, being offered choices, Elvis

Important for:
Staying active, personal space, short walks

Likes:
Elvis music, being included, Food network, mealtime

Dislikes:
Being bored, No independence

Lead Review Completed: GH

Staff: Sara Berglund
Date: 12/3/21

Service Recipient: Sandy
Service Span: _____

Outcomes:

Outcome #1: Sandy will choose a room to visit twice weekly.
Summarize Steps: in 95% or more of trails over 12 months
give Sandy choices on which room she would like to visit.

Outcome #2: Weekly Sandy will choose an instrument to play 85%.
Summarize Steps: or more over 12 month trial
provide 2 instruments

Communication Style: will point & bring staff over to items
some ESI & communication book. Ensure most yes/no questions

Learning Style:
Routine & repletion learns best thru verbal, physical & visual cues

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: latex & plastics
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: missing teeth & oropharyngeal Dysphagia remind to slow down while eating.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Physicians order diet. soft or pureed foods w/ honey thickened liquids.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Iron deficiency - Anemia DNR/DNI: ☐ No ☑ Yes Gerd, mix hyperlipidemia, kyphosis, Chronic nose bleeds moderate intellectual disability, Osteoporosis.
Medication at PAI: ☑ No ☐ Yes	Describe Supports: TUMS 500mg tabs & Thickit
Personal Cares: ☑ No ☐ Yes	Describe Supports: independently ask to use bathroom request assistance when needed.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Vision impairment may seek out assistance navigating surroundings.
Community Support: ☑ No ☐ Yes	Describe Supports: enjoys spending time in the community & knows recognizes some dangers
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Vision impairment may seek out assistance to navigate surroundings.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may hit, push, scratch when upset (in arms reach)
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Socializing, being offered choices, Food network, listen to Elvis, being involved relationships

Important for:
Staying active, short walks socialize, building ~~relationships~~

Likes:
Socializing Elvis, music, being apart of the group Bobby Flay. being involved to. Food network

Dislikes:
not being able to be social not independ make choice or preference.

Lead Review Completed: _____