In-service Training Log – Parkway All Staff

Date: ~~11/16/2021~~ 12/01/2021

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

Make up Date	Initial	Last Name
Lead DSP's/DSP's		
12/16/21		Ceragioli, Rey
	SG	Gaines, Susan
	JG	Gebhardt, John
	AA	Green, Andrea
12/16/21		Kereluk, Nikki
	DM	Moua, Dennis
12/16/21		Peterson, Chelsie
	DP	Popp, Daniel
	RS	Schmidt, Renee
	NJS	Snyder, Nancy
	KS	Stein, Kathryn
12/27/21		Turner, Dave
	ZW	Weinmann, Zach
	AW	Wrich, Anna

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

Staff: Rey Ceragion

Date: 12/16/21

PAI

Service Recipient: Katie Abbott

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Katie will invite another peer join her for a group activity in her program room

Outcome #2 Twice a week, Katie will participate in a group activity with her peers

Technology Use: AAA communication device, Rifton Tram, AFOS

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Epilepsy, complex partial seizures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Nectar thick liquids, mashed or soft bite sized. [Katie is NPO and does not consume food or drink by mouth. *currently does not eat at program*

Chronic Medical Conditions ☐ No ☒ Yes – List: CP, MR, seizure disorder, vision Impairment

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: needs staff support and assistance

☐ Support straps/belts needed wheel chair

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes staff model community safety rules

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To: Family, blankets, socialization mall walking, shredding, visiting with others

Important For: work program, friends/visiting, relationships, Extended day, Respite, community outings

Likes: Friends/family, outings, being social shredding

Dislikes: not visiting, not understanding her needs or wants, Not seeing favorite staff, too much noise in the room.

Describe Communication Style: communication device, yes or no, facial expressions non-verbal

Staff: Rey Ceragioli

Date: 12/16/21

PAI

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Will inform staff when he leaves program room by taking a pass prior to leaving

Outcome #2 Winta will practice personal boundaries with others at PAI and in the community.

Technology Use: T.V. Ipad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay Fever, seasonal allergies and trazadone

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: N/A

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Staff knowing first aid + CPR

Chronic Medical Conditions ☐ No ☒ Yes – List: Autism, MR, Schizoaffective Disorder

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Staff support when needed reliably reports when is not feeling well or is injured.

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

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports: supports when needed, bad weather, icy ground, slippery

☐ Support straps/belts needed independent

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Staff will model community safety rules

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To: family/friends, food, routine wrestling

Important For: friends/family, routine,

Likes: wrestling, scary movies, trains and other vehicles, going on car rides, playing and interacting

Dislikes: textile (always wears his jacket), loud noises

Describe Communication Style: Verbal

Staff: Rey Cerageon

Date: 12/16/21

PAI

Service Recipient: Amber Gardner

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 using her choice board to communicate

Outcome #2 independently asking for a break

Technology Use: T.V.

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: history of seizures, they are controlled

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: quarter sized pieces and verbally remind her that it is not safe to talk or laugh while eating

Chronic Medical Conditions ☐ No ☒ Yes – List: Constipation, CP, dbd, dysphagia, Hemiplegia R side, hypertention, Intermittent explosive disease, Microcephaly, MR, seizure disorder, spastic Quad.

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

Specific Health & Medical Needs ☒ No ☐ Yes – List: Cerebral Palsy, Scoliosis

Wheelchair

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: cerebral Palsy, scoliosis

☐ Support straps/belts needed Wheelchair

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes staff will model community safety

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: biting herself, screaming/yelling, self-regulation.

Important To: 1:1 time with staff, preferred manipulatives, attention, books, bracelets

Important For: using her choice board and/or bell for communication and to get staff's attention. Taking breaks when needed.

Likes: books, bracelets, preferred manipulatives being included, friends/family

Dislikes: not being included, loud noices, not having her manipulatives and choice board.

Describe Communication Style: non-verbal, vocalizations, picture chart (choice board)

Staff: Rey Ceragioli

Date: 12/16/21

PAH

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Staff will prompt Aaron with an activity if intruding on others personal space

Outcome #2 signing "help" or "need" when he wants staff attention.

Technology Use: TV., Ipad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: partially controlled with medication last seizure was 7/2009 activity might

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Regular (lactose-free milk) Bite sized pieces.

Chronic Medical Conditions ☐ No ☒ Yes – List: CP, Dandy Walker Syndrome, Developmental Delay Epilepsy, Hydrocephalus, Quadriplegic

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Wheelchair, CP- limited fine motor skills
Stand/Pivot/Gait Belt
☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☒ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes staff support, modeling community safety.

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: redirecting when he hugs too much (more than once) or if people are uncomfortable, Has tried to opperate others electric wheelchairs and tried to move them.

Important To: helping staff, connect four, meeting new people, greeting others, magazines, music, family/friends, routine, day program

Important For: Encourage independence, Facilitate peer interactions, Assistance with fine motor skills. routine, friends/family, day program

Likes: connect four, family/friends, routine, day program, peer interactions, outings

Dislikes: not being able to help, being told no, not given independance to complete things on his own.

Describe Communication Style: non-verbal, sign language, yes or no

Staff: Gaines, Suzie

Date: 12/1/2021

Service Recipient: Katie A.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☐ Lack of community orientation skills ☐ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1 Katie will invite a peer to her room, for group activie.

Outcome #2 1/2 a week Katie will be in group w/ her peers.

Technology Use: dinabox for Communication. / t.v. Ipad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal allergies

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : · Complex part · talk to parents ~~very~~ · smacking her lips.

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List: · ~~AFO's~~

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : If needed meds - She would need full staff support

Specific Health & Medical Needs ☒ No ☐ Yes – List: · AFO's · use rifton for her Cares.
· Hearing aid
· Cannot twist her back.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports · Shoulders / lap belts · rifton

☒ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☒ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Visual. needs to be w/ staff

Sensory Disabilities ☐ No ☒ Yes – List: · blow vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
· teaching staff
· rifton strips
· redirection.

Important To: friends, family. living at home work. Time w/ family. facetime.

Important For: relationships, outings, Joking w/ her.

Likes: · blanket · arts, crafts. Joking · being around friends · going to the Cabin.

Dislikes: · cold · being told no · not being understood · Chewy loudly · not being included

Describe Communication Style: · Volcals · yes / no · Simple

Staff: Gaines, Sadie

Date: 12/1/2021

PAI

Service Recipient: Arron P

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☐ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1 Follow Staff for redirection

Outcome #2 ASL Daily.

Technology Use: Ipad / T.V. Games

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: trap phenol.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Partial Controlled (2009- last one)

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
- Needs food cut into nickel size bites.
- non-dairy milk.

Chronic Medical Conditions ☐ No ☒ Yes – List:
- C.P.
- Hydrocephalus - (build up of fluid)
- Seizures

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports:
- Full support to take meds.

Specific Health & Medical Needs ☐ No ☐ Yes – List:
- report any changes to house
- lazy eye
- Wears glasses. ask if they need to be cleaned

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
- has good balance.
- Stand for short amount of time
- afo's. (ego)

☒ Support straps/belts needed

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

Community & Water Safety Skills ☐ No ☒ Yes Sometimes goes to fast. Watch out for "-" he can set down

Sensory Disabilities ☒ No ☐ Yes – List:
- Vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
- Keeping hands busy
- itchy bug bite.
- hugs to hard
- trys to help peers/staff
- let staff do that. / Staff Job

Important To: hanging out w/ peers, helping visit friends, Staff, family

Important For: Wheel Chair Safety.
- non-dairy milk.

Likes: Cont. 4. Hanging out w/ peers

Dislikes: not being included.
- Waiting

Describe Communication Style:
- Sign
- facial expressions

Staff: Gaines, Suzie

Date: 12/1/2021

PAT

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Break pass to leave the room

Outcome #2 Pearsonal Space at PAT and outings.

Technology Use: t.v. / Ipads / Computers / lessons,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: · hay fever · transadone · Seasonal

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

needs help meds.

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes · might wonder · needs prompts / model from staff.

Sensory Disabilities ☐ No ☒ Yes – List: · temp's · personal space. · yell · run away · loud noises · safe distance.

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

Important To: · being in void · pop · movies

Important For: · being in groups · peopersonal space.

Likes: · movies · food · 1 on 1 time w/ people.

Dislikes: · people being in his space · loud groups/noise · dont like people touching his things.

Describe Communication Style:

Verbal

Staff: Gaines, Suzie

Date: 12/1/21

PAH

Service Recipient: Amber, Gardner

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☐ Lack of community orientation skills ☐ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Amber will use Choice board

Outcome #2 Amber will request a break when upset / frustrated

Technology Use: Use Ipad / t.v. / Group activities / music

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Petit mal Controlled

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
- Chew fully
- Scoop plate
- nickle size bites

Chronic Medical Conditions ☐ No ☒ Yes – List:
- C.P.
- Scoliosis (doesn't use right hand)

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports:
Amber will need help w/ meds

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
- needs help moving w/ wheelchair

☒ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes
- arms reach of staff at all times.

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
- biting hand
- throwing items / asking if she needs a break
- lap belt undoing it
- Screaming
- staff will redirect / asking if needs a break

Important To: Ton1 time w/ staff. Attention Books, brackets

Important For: Choice board, Communication, taking breaks,

Likes: Books, brackets, being included

Dislikes: taking breaks, not being included. her stuff being taken.

Describe Communication Style: Simple Sign language.

Staff: JohnGebhardt

Date: 12-1-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Katie Abbott

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Invite a peer to join her in an activity in her room

Outcome #2 Twice weekly she will participate in Groups with peers

Technology Use: Dynavox Communicator. I Pad & TV.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: seasonal allergies

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Epilepsy. Complex Partial seizures.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
NPO - No Food or Drink by mouth.

Chronic Medical Conditions ☒ No ☐ Yes – List: [redacted]

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Has a Herrington Rod in her Back. Rifton Tram used for bathroom cares. Wears AFO's.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Shoulder straps, Lap belts, Wheelchair.
☒ Support straps/belts needed Uses a Rifton Tram Lift

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo Rifton Tram

Community & Water Safety Skills ☐ No ☒ Yes Can't safely use wheelchair by herself

Sensory Disabilities ☐ No ☒ Yes – List: Low Vision-limited vision.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Occasonally Teasing staff, Ask her/tell her what you are doing.

Important To: Home, Family, Friends Work, Face Time

Important For: Helping maintain relationships Outings in Community

Likes: Blanket, Friends, Art, Shredding, Going to Cabin.

Dislikes: Cold weather, No being included and Misunderstood.

Describe Communication Style:
Vocalizations, simple words, and Dynavox voice

Staff: John Gebhardt

Date: 12/1/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Aaron Phelps

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 He will follow prompts from staff for redirection

Outcome #2 will engage in activity use sign language

Technology Use: I Pad,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Topical Phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☒ Yes – Describe: Partially Controlled Seizure Disorder. Last one in 2009

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Food in nickel sizes Drinks Lactose Free milk.

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebal Palsy - Spastic Type. Hydrocephalus in Brain. Epilepsy.

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports: needs support taking medications

Specific Health & Medical Needs ☐ No ☒ Yes – List: Wears Glasses - Stigmatism. He has a shunt implanted in body. Wears AFO's

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: Needs hand rail or staff support to stand up. Wears AFO's

☐ Support straps/belts needed

☒ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Remind him to slow down. Offer assistance

Sensory Disabilities ☐ No ☒ Yes – List: Vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: can try to help others, hug people. Remind to wait for staff to help with him. self injury of skin scratching, picking.

Important To: Magazines, helping and visiting others. Connect 4

Important For: Personal Boundries Wheel chair safety

Likes: Connect Four Game. Magazins. Friends.

Dislikes: Being told "no" Not being included.

Describe Communication Style: Verbal, simple signs. Vocals. gestures

Staff: John Gebhardt

Date: 12/1/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Winta Mossee

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1 Use break pass when leaving the room.

Outcome #2 Have personal Boundries at PAI and community

Technology Use: I pad, Computer use,

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay Fever, Seasonal, Trazadone

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Can Wonder and not pay attention.

Sensory Disabilities ☐ No ☒ Yes – List: sensitive to Sound and Temperatures

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Encourage him to keep a comfortable distance.

Important To: Movies, Videos, Music Foods.

Important For: Independence personal space.

Likes: Movies, Pop, Wrestleing Independence. Food.

Dislikes: People in his space Loud environments.

Describe Communication Style: Verbaly.

Staff: John Gebhardt

Date: 12-1-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Amber Gardner

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Independently use her choice board to communicate

Outcome #2 will request a break when upset.

Technology Use: I Pad, Video player.

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: NKA

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Fully controlled seizures.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Remind to fully chew and swallow foods, uses scoop plate.

Chronic Medical Conditions ☐ No ☒ Yes – List: C.P. and scoliosis. can't walk Does not use right hand.

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports: Help with all Medications

Specific Health & Medical Needs ☐ No ☒ Yes – List: uses Arjo lift in bathroom

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Make sure belt is secure

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Being with her at all times

Sensory Disabilities ☐ No ☒ Yes – List: Ask her if she needs help. Tell her what your doing.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Biting hand, scratching, Intermitent Explosive Disorder Taking off her seat belt.

Important To: One on one time with staff. Manipulative

Important For: using her choice board Taking breaks,

Likes: Attention, Books, bracelets Bracelets

Dislikes: Feeling ignored not included, Missing items,

Describe Communication Style: Vocals, gestures, Facial Expressions.

Staff: Andrea Green

Date: 12-1-21

PAI

Service Recipient: Katie Abolt

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1: Will invite peer for activity in her room 2/a week group activity w/ peers

Outcome #2:

Technology Use: DinoBox, Ipad & TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal (write note for home)

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Epilepsy complex partical seizures

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: No food or drink by mouth - NPO

Chronic Medical Conditions ☒ No ☐ Yes – List: [redacted]

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: N/A @ Pai

Specific Health & Medical Needs ☐ No ☒ Yes – List: AFO. Hamilton Rod can not twist body

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: [redacted] lap belt Can't move chair on own w/ chair

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Visual Impaired w/ staff at all times

Sensory Disabilities ☐ No ☒ Yes – List: Low Vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: teasing staff will laugh when things are going wrong Redirect w/ safety ?

Important To: friends family living at home work

Important For: Helping new to visit

Likes: Blanket. being around friends loving Cabin crafts

Dislikes: being misunderstood cold. being told she can't go anywhere

Describe Communication Style: Vocalization. DinoBox

Staff: Andrea G

Date: 12-1-21

PAI

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1: Follow staff for redirection

Outcome #2: practice QSI

Technology Use: ipad / tv

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: Partial controlled disorder last was 2009

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: cut into nickel size / lacate free mlk

Chronic Medical Conditions ☐ No ☒ Yes – List: C/P spe Hydro-cephalus, Elispsey

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: not @ Pai

Specific Health & Medical Needs ☐ No ☒ Yes – List: strut. glasses. lazy eye

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: good balance when seated, can stand for short periods AFO

☒ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes being w/ staff

Sensory Disabilities ☐ No ☒ Yes – List: Vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: will pick w/ scabs & others can rug too hard / help others will unbuckle seat belt of his

Important To:	Important For:
magazines, hanging at Kelping	personal boundaries wheelchair safety
Likes:	**Dislikes:**
Connect 4 magazine	not having independence, waiting

Describe Communication Style: Vocalization | sign | gestures | facial expression

Staff: Andrea Green

Date: 12-1-21

PAI

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Will use break pass to leave room

Outcome #2 practice personal B w/peers & in community

Technology Use: TV, IPAd, computers.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay fever seasonal. Trazadone

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes might wonder not practice safety skills

Sensory Disabilities ☐ No ☒ Yes – List:

sound & temp / personal encourage to keep safe distance

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

Important To: being involved movies wrestling independent

Important For: being around person space

Likes: movies food wrestling

Dislikes: people in his face touching his things loud noise

Describe Communication Style: Verbal

Staff: Andrea G

Date: 12-1-21

PAH

Service Recipient: Amber Gaedcke

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 use choice words to communicate

Outcome #2 Request break when upset & frustrated

Technology Use: IPAD | TV | Calming music

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Controlled

Seizure PRN ☐ No ☐ Yes Location:

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

Reminders to chew fully & Cut food scope plate

Chronic Medical Conditions ☐ No ☐ Yes – List:

CP/Scoliosis doesn't use right hand/walk

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

staff asst

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

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

Help w/ chair

☒ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes next to staff.

Sensory Disabilities ☒ No ☐ Yes – List:

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

biting hand, screaming, taking off belt
Verbally redirect to activity intermno

Important To: time w/ staff, attention
Books Bracelt

Important For: choice board
taking breaks

Likes: Books hair done
being included

Dislikes: being ignored
not having item (touching)

Describe Communication Style:

some ASL | body language vocalizations

Staff: Nikki

Date: 12/17/21

PAI

Service Recipient: Aaron

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
follow redirections from staff	practice ASL w/ staff daily

Technology Use: ipad / TV @ PAI

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: partial controlled disorder – shunt

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite size pieces → eats independently

Chronic Medical Conditions ☐ No ☒ Yes – List: C.P., epilepsy, hydrocephalus

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: no meds @ PAI, but staff assist

Specific Health & Medical Needs ☐ No ☒ Yes – List: * shunt → ask if areas on body hurt.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: astigmatism → clean glasses, slow down stands for short periods of time

☐ Support straps/belts needed

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

Community & Water Safety Skills ☐ No ☒ Yes observe, staff assist w/ chair in community

Sensory Disabilities ☐ No ☒ Yes – List: vision impairment

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: hugs very hard, picks at scabs, unbuckle seatbelt

Important To: magazines, peers, assist staff, visiting	Important For: communication, independence
Likes: magazines, independence, connect 4,	Dislikes: being rushed, no chaos

Describe Communication Style: Vocalizations, ASL, physical gestures

Staff: Nicki Kevelak

Date: 12/16/21

PAI

Service Recipient: Amber

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 use choice board to communicate needs

Outcome #2 request a break when needed

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: —

Epi Pen/Treatment ☒ No ☐ Yes Location: —

Seizures ☐ No ☒ Yes – Describe: controlled seizures, if @ PAI 3min → call

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite size pieces, chew thoroughly

Chronic Medical Conditions ☐ No ☒ Yes – List: C.P., scoliosis

* no use w/ right hand*

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: belts/straps on, staff assist w/ moving wheelchair.

☒ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes observe, model safety skills

Sensory Disabilities ☒ No ☐ Yes – List: —

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: biting, spitting, hitting → redirection and/or break

Important To: 1:1 attention, manipulatives, inclusion

Important For: Choice board, breaks, redirection

Likes: Outings, visiting, manipulatives

Dislikes: being ignored, taking her belongings away

Describe Communication Style: body gestures, vocalizations

Staff: Nikki Kerelak

Date: 12/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Katie A.

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 invite peer join group activity

Outcome #2 2x participate w/ peers daily

Technology Use: Dynavox - computer to communicate

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location: —

Seizures ☐ No ☒ Yes – Describe: epilepsy - complex partial

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: NPO (no food by mouth) tube feed @ home

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: No meds @ PAI - but assist if so

Specific Health & Medical Needs ☐ No ☐ Yes – List: Heirington rod → no twisting

rifton tram for BM

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

- rifton tram
- shoulder straps + lap belt

Help w/ wheelchair and ask before moving

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ___
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes staff observe at all times - assist w/ obstacles

Sensory Disabilities ☐ No ☒ Yes – List:

lower vision - staff assist

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

tease/joke w/ staff → staff check in with Katie

Important To: family, routine, day program, shredding, facetime, med. equipment, friends, living @ home.

Important For: assisting w/ requests, outings in community, NPO

Likes: blanket, visiting, cabin, shredding, family.

Dislikes: cold, exclusion, being misunderstood, people chewing loud

Describe Communication Style:

Vocalizations, Dynavox, yes + no

Staff: Nikki Kerelak

Date: 12/16/21

PAI

Service Recipient: Winta

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Use break pass to leave room

Outcome #2 practice personal boundaries @ PAI and in community.

Technology Use: ipad / computers

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay fever, seasonal, tresadone

Epi Pen/Treatment ☒ No ☐ Yes Location: —

Seizures ☒ No ☐ Yes – Describe: —

Seizure PRN ☒ No ☐ Yes Location: —

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

Chronic Medical Conditions ☒ No ☐ Yes – List: —

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes observe, model safety skills

Sensory Disabilities ☐ No ☒ Yes – List: hyper-responsive → sound/temp. encourage communication when needing a break.

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

Important To: independence, inclusion, pop, wrestling, movies

Important For: engagement, communication time to process

Likes: 1:1 time, food, outings, movies, wrestling

Dislikes: people in his personal space, loud noises, touching his belongings.

Describe Communication Style: Verbal

Staff: Dennis Mona

Date: 12/11/21

PAH

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
follow redirection from staff	Practice ASL daily.

Technology Use: ipad a tiv.

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: partial controlled seizure disorder (2009) has a shunt

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: can eat independently but needs food cut into pieces. Lactose free milk

Chronic Medical Conditions ☐ No ☑ Yes – List: cerebral palsy – spastic hydrocephalus, epilepsy

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: needs supports to take medications

Specific Health & Medical Needs ☐ No ☑ Yes – List: shunt, ask him if areas on body hurt

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: slow down, take time to maneuver around stigmatism, lazy eye, help clean glasses remind to set breaks, can stand short period, fall out of chairs, often

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes a, longs seen is safe to maneuver

Sensory Disabilities ☐ No ☑ Yes – List: vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: will hug, sometimes too hard, ask to assist others can unbuckle seat belts of others, skin pick scabs

Important To:	Important For:
magazines, hangout with peers, eating, conversing	Lactose free milk, ask to help others
Likes: like to [illegible] independence	**Dislikes:** waiting, no [illegible]

Describe Communication Style: Vocalization, do gestures

Staff: Dennis Mara

Date: 12/1/21

PAI

Service Recipient: Katie Abbot

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 invite another peer to join her in her room

Outcome #2 Twice a week participate with her peers. group activity, tv

Technology Use: dynavox, ipad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: seasonal, no epi-pen

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: epilepsy, complex partial seizure

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☑ No ☒ Yes – Describe Equipment/Supports: No food or drink by mouth

Chronic Medical Conditions ☒ No ☐ Yes – List: [redacted]

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports: would need full staff support

Specific Health & Medical Needs ☐ No ☒ Yes – List: Harrington Rod cannot twist her back use rift ram for cares due to rod

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Shoulder straps & lap belt, rift ram for assistance, help direct/maneuver wheelchair

☐ Support straps/belts needed ask to move her.

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Visually impaired, needs to be with staff

Sensory Disabilities ☐ No ☒ Yes – List: low vision, hard to see obstacles

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: teasing staff, check to see if something wrong

Important To: friends, family, living at home, work, face time

Important For: assisting her with request, outings,

Likes: blanket, visiting friends, shredding, cabin, family, arts & crafts

Dislikes: cold, not being included, being misunderstood, ppl chewing loudly

Describe Communication Style: vocalizations, simple yes/no, dynavox

Staff: Denise Moran

Date: 12/1/21

PAI

Service Recipient: Wuta Mwasse

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
break pass when he wants to leave	practice personal boundaries with others at PAI + community

Technology Use: tv, ipad, computers room

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: hay fever, seasonal, trees + dust — Epi Pen/Treatment ☒ No ☐ Yes Location:

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

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

Chronic Medical Conditions ☐ No ☒ Yes – List: [redacted]

Medication Administration/Treatment Orders ☒ No ☑ Yes – Describe Equipment/Supports : needs staff assist with his meds

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes need help from staff in the community

Sensory Disabilities ☐ No ☑ Yes – List: ~~sou~~ sound + temperature, hyper responsive encourage to communicate the break

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

Important To:	Important For:
being involved, included wrestling, movies, pop and punch	being engaged in groups personal space
Likes: [redacted] movies, wrestling, food one on one time	**Dislikes:** ppl being in his space, loud chaotic environments, ppl touch his things

Describe Communication Style: verbally

Staff: Dennis Nowe

Date: 12/9/21

PAI

Service Recipient: Amber Gardner

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 use choice board to communicate

Outcome #2 request a break when upset or frustrated

Technology Use: ipad, tv, computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled seizures (PAI protocol) 3min

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: remind to chew fully, cut food in quarter sized pieces

Chronic Medical Conditions ☐ No ☒ Yes – List: cerebal palsy + scoliosis, doesn't use right hand or walk due to scoliosis

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: need staff help with meds

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: pushing wheelchair, belts on

☐ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes being with her in community

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: biting, scratching, taking off belt, redirect to different activities

Important To: one on one, her preferred manipulatives, attention, books, bracelet

Important For: choice board, communicate using them screaming, taking breaks

Likes: books, bracelet, included, hair done,

Dislikes: being ignored, taking her items, not being included

Describe Communication Style: vocalizations, choice board, nudges, body language, facial expressions

Staff: Chelsie

Date: 12/16/21

Service Recipient: Katie

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Invite peer join her for Group activity	2x participate With peers
Technology Use: Communication computer	

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: ~~Katie is NPO and doesn't consume food~~

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Katie is NPO and doesn't consume food by mouth. NO staff assist

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Hierington rod can not twist back Rifton tram for cares due to rod

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Rifton tram Shoulder traps lapbelt Always ask before moving chair Help w/directing Wheelchair

☐ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☒ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes visional impaired, staff all times

Sensory Disabilities ☐ No ☒ Yes – List: Lower vision hard to see obstacles

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: tease staff, staff check on Katie

Important To: FAM, routine, Day program Work Facetime Medical equipment, Friends, Living at Home

Important For: assisting with request Outings

Likes: Blankets visiting friends, cabin, Shredding, ~~Friends~~, Family

Dislikes: Cold, not being included, Being misunderstood, People chewing loudly

Describe Communication Style:

Vocalizations, Communication Computer, Simple yes & no

Staff: Chelsie

Date: 12/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Winta

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Use Break pass to leave room

Outcome #2 practice personal Boundaries Pai/community

Technology Use: Ipad / Computers

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay fever, Seasonal, tresadone

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes model safety

Sensory Disabilities ☐ No ☒ Yes – List: Sound / temp, Hyper responsive encourage communication for break

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

Important To: POP, Independence Being involved, wrestling, movies

Important For: engage in groups communication

Likes: Movies, wrestling, food, 1:1

Dislikes: People being in personal space, Loud noises, touching his stuff

Describe Communication Style: Verbal

Staff: Chelsie

Date: 12/16/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Aaron

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Follow redirection from staff	Follow practice asl daily

Technology Use: Ipad / TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: Partial controlled seizure disorder shunt

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Eat independently Bite size pieces

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebal palsy, SP Hydrocephanus, eplipsy

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Shunt, ask areas on body hurting

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Stigmastism, Clean glasses, slow down stand short period of time

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Staff assist, can move on his own.

Sensory Disabilities ☐ No ☒ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: He Hugs to hard. Picks scabs, unbuckle His seatbelt

Important To: Magazines, peers, assist staff Visiting

Important For: Communication, independance

Likes: Connect 4 Independent, Magazine

Dislikes: Being rushed not having choices

Describe Communication Style: Vocalization, ASL, Pysical gestures

Staff: Chelsie

Date: 12/16/21

PAI

Service Recipient: Amber

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1: Use choice board

Outcome #2: request break

Technology Use: Ipad, TV, computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☒ Yes – Describe: Controlled, Pai 3m

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Bite Size, chew fully

Chronic Medical Conditions ☐ No ☒ Yes – List: cerebal palsy, Scoliosis

No use right hand

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

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

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

Push chair/belts on

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☒ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes model safety

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Biting, Spitting, Hitting

Needs redirection

Important To: Attention, Multipulatives Being included

Important For: Choice board / Breaks

Likes: Multipulatives

Dislikes: Being ignored taking her stuff

Describe Communication Style:

Body gestures, Vocalizations

Staff: Daniel P.

Date: 12/1/21

PAI

Service Recipient: Katy A.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Will invite peer to join her in room 2x week

Outcome #2 Katy will participate in group activity

Technology Use: Dynabox, ipad, TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Seasonal

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Epilepsy complex partial seizures

Seizure PRN ☑ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: has hearing tube can't twist back

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Positioning Aides (shoulder straps and lap belt)

☐ Support straps/belts needed help to maneuver her chair

☑ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Visually impaired needs to be with staff consistently

Sensory Disabilities ☐ No ☑ Yes – List: Low vision might not see obstacles in her way

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: teasing staff. If she is laughing staff might have missed something

Important To: Friends, family, living at home, work

Important For: Maintaining relationships, Outings

Likes: Cabin, joking around Blanket, Being around friends, shredding,

Dislikes: People chewing loudly Cold, Being told she can't go somewhere

Describe Communication Style: Vocalizations, "Yes" and "No", Uses dynabox

Staff: Daniel P

Date: 12/1/21

PAH

Service Recipient: Aaron P

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☐ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Follow staff redirection	Practice ASL daily

Technology Use: ipad and TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: topical Phenol

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☒ No ☑ Yes – Describe: Partially controlled last seizure 2009

Seizure PRN ☒ No ☑ Yes Location: has shunt

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

Cut food to Nickel sized pieces and has lactose free milk

Chronic Medical Conditions ☐ No ☑ Yes – List:

Cerebral Palsey / spastic hydrocephalus . epilepsy

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

Support to take Medications

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

has shunt has stigmatism in left eye wears glasses

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

remind him to set his brakes can stand for short periods but needs to hold onto something

☐ Support straps/belts needed Wears AFO's. Uses Wheelchair

☑ Verbal Cues ☑ Physical Assistance ☐ Posey / Gait Belt ☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Boiry with staff

Sensory Disabilities ☐ No ☑ Yes – List:

Vision

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

enjoys giving hugs but at times he won't let go or squeezes too tightly

Staff will verbally prompt. Sometimes unbuckles seatbelt. S.I.B (skin pick)

Important To: Connect 4 magazines, visiting others, being with peers

Important For: Personal boundries, lactose free milk

Likes: being independant, Connect 4, being with peers

Dislikes: waiting People doing things for him, not being included

Describe Communication Style:

Vocalizations, signs, gestures, facial expressions

Staff: Daniel P.

Date: 12/1/21

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Use break pass when he wants to leave room	practice personal boundries

Technology Use: TV, ipad, and computers

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: hey fever, seasonal, trazedone

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports : Needs assistance with meds

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Can be inattentive with sorroundings, might wonder, staff will prompt

Sensory Disabilities ☐ No ☑ Yes – List: Sensitivity to sound and temperatures

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: encourage to keep a comfortabe distance from others

Important To:	Important For:
Independence being involved, wrestling, movies, Pop	being engaged in groups, personal space
Likes: 1:1 time movies, wrestling, food	**Dislikes:** loud environments People being in his space, others touching his things

Describe Communication Style: Verbally

Staff: Daniel P.

Date: 12/1/21

PAI

Service Recipient: Amber G.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Will use her communication board to communicate	request a break when frustrated

Technology Use: ipad and TV calming videos

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List: NKA

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe : Controlled Seizures

Seizure PRN ☑ No ☐ Yes Location:

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

Might vocalize while eating staff will remind her. Uses scoop plate. Cut in quarter size pieces

Chronic Medical Conditions ☐ No ☑ Yes – List:

Cerebal Pulsey and Scaliosis

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

needs help with medication

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

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

uses arjo in bathroom, needs help with propelling wheelchair

☐ Support straps/belts needed

☑ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☑ No ☐ Yes Staff will acompany Amber when in community

Sensory Disabilities ☑ No ☐ Yes – List:

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

intermitant explosive disorder

S.I.B. when frustrated staff will redirect to other activity

Important To:	Important For:
Preferred manipulatives, attention 1:1 time with staff, books, bracelets, having hair done	using choice board, communicating instead of screaming

Likes:	Dislikes:
books, bracelets, having hair done	things not being available, others taking her things

Describe Communication Style:

some sign language, nods head for yes or no, facial expressions

Staff: Rene Schmidt

Date: 12/1/21

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☑ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Use break pass when leaving room

Outcome #2 Personal boundaries in PRI & Comm.

Technology Use: TV iPad Computers

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: Hayfever seasonal trazadone

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

None

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

Staff assistance

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes Inquisitive Wonder Model Comm. Safty

Sensory Disabilities ☐ No ☐ Yes – List: Boundarise

Sound & temp hyper sensitive when People in space

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

R

Important To: Pop involved include wrestling movies intern

Important For: Red. Safty skill Engaged in group personal space

Likes: Wrestling Movie Food

Dislikes: Load/chaotic environment Busy his space touching his belongings

Describe Communication Style:

Verbally

Staff: Ronell Sinnett

Date: 12/1/21

Service Recipient: Amber Gardener

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☐ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 independent use choice board to com

Outcome #2 Request a break when upset/frustrated

Technology Use: IPAD TV

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe : Controlled PAI Protocal 3min = call

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports : talk with food Chew Slowly quarter Size Pieces Scoop Plate

Chronic Medical Conditions ☐ No ☐ Yes – List:

CP Scoliosis - no use of right hand

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

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

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

Wheelchair primary Living Chair

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☑ Arjo Bathroom

Community & Water Safety Skills ☐ No ☐ Yes next to Staff

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: ask if need break

Biting hands disengage Lap belts shifting spitting
Scratching Redirect her screaming

Important To: 1:1 with staff attention Books Bracelets

Important For: Choice Board/Communication Breaks

Likes: Hair Brush Being included

Dislikes: People touch her items not being included

Describe Communication Style: Body and facial expressions

Some Simple Sign Language

Staff: Renee Sammelt

Date: 12/1/21

Service Recipient: Katie Abbott

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 will invite another peer for activity in her room

Outcome #2 2x wk she will participate in group act peer

Technology Use: Dynavox to communicate iPad TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Seasonal write Note to Mom

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : Epilepsy Complex Partial Seizure sudden smacking lips

Seizure PRN ☑ No ☐ Yes Location:

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

NPO – No food or drink by mouth

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

Harrington Rod & AFO

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

shoulder strap and Lapbelt verbally communicate pain

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo Tilton Tram

Community & Water Safety Skills ☐ No ☑ Yes Staff at all times visually impaire

Sensory Disabilities ☐ No ☑ Yes – List:

Low Vision

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

Trusted Staff – Staff redirect doing something wrong laughing

Important To: work time to hangout w/peers outings friends family living at home

Important For: maintain relationships Knowing NPO

Likes: Blanket going to cabin Arts/crafts friends shredding Joking

Dislikes: cold being misunderstood not being included loud chewing

Describe Communication Style:

Vocalizations yes no Dynavox

Staff: Renee Schmidt

Date: 12/7/21

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☐ Yes ☐ No	Self-Abuse ☐ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
will follow staff redirection	ASL Daily

Technology Use: IPAD TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Phenol

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Shunt Partial Controlled seizures last 2009

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: bite size Pieces Lactos free milk

Chronic Medical Conditions ☐ No ☐ Yes – List: epylipsy CP/Spactic hydrocephalus - build up of fluid in brain

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: None at PAI

Specific Health & Medical Needs ☐ No ☐ Yes – List: Shunt nausa headach

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: wheelchair Stand for short period of time Reminder to set brake AFO

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes Manuver Chair for him be with Staff

Sensory Disabilities ☐ No ☑ Yes – List: vision

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: Hugs - not want ing to let go Hand over Unbuckle Set belt Help when not needed - asking for Pick Scabs

Important To:	Important For:
Connect 4 game Mag2 Peer helping visiting	Lactos free milk Personl bounders
Likes:	**Dislikes:**
Connect 4 having workers visiting	not being included Waiting

Describe Communication Style: Vocalizations Sign gestures facial expressions

Staff: Nancy Snyder

Date: 12-1-21

PAI

Service Recipient: Winta Mwasso

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1: Use break pass when leaving room

Outcome #2: practice boundaries w/ others at PAI & Community

Technology Use: TV, iPAD, computer

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: hayfever, seasonal, tramadon

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : Needs assistance w/ meds

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes inattentive to surroundings, staff prompts, may wander

Sensory Disabilities ☐ No ☑ Yes – List: sensitive to sound & temperatures, needs space,

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

Important To: involved, included, wrestling movies, POP, independence

Important For: engaged in groups, safety skills, personal space

Likes: movies, wrestling, food, 1on1 time,

Dislikes: people in his space, loud, people touching his things

Describe Communication Style: Verbal

Staff: Kasey Snyder

Date: 12-17-21

PAT

Service Recipient: Amber Gardener

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☑ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1: Use Choice Board to communicate

Outcome #2: request Break when upset/Frustrated

Technology Use: iPAD, TV, music, group activities

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe : controlled seizures

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : remind to chew, Quarter size pieces,

Chronic Medical Conditions ☐ No ☑ Yes – List: cerebal palsey, scoliosis-(does not use right hand or walk

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Needs help w/ wheelchair, belt secure

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☑ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Arms reach, staff support in community

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Screaming, Throwing, spitting bites her hand, Scratching, Undoing lap Belt, redirect to activity

Important To: 1 on 1 time w/ staff, attention books, bracelets

Important For: choice Board, communication, breaks

Likes: books, bracelets, hair done being included

Dislikes: ignored, NOT included

Describe Communication Style: simple ASL, Facial expressions, VOCALizations

Staff: Kelsey Snyder

Date: 12-1-21

PAI

Service Recipient: Katie Abbott

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 will invite peers to join her for activity in her room

Outcome #2 twice a week - participate in group activity w/ peers

Technology Use: uses DynoBox to communicate, iPAD, TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Seasonal - note for home if any symptoms

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: epilepsy, complex/partial seizures

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: No food or drink by mouth

Chronic Medical Conditions ☑ No ☐ Yes – List:

Medication Administration/Treatment Orders ☑ No ☐ Yes – Describe Equipment/Supports: staff to administer if needed

Specific Health & Medical Needs ☐ No ☐ Yes – List: AFOs, herrington rod, Cannot twist her back

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: trans in bathroom, helping w/ chair

☑ Support straps/belts needed

Can't move safely on own

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

Community & Water Safety Skills ☐ No ☑ Yes Visual impairs, can't safely move chair

Sensory Disabilities ☐ No ☑ Yes – List: low vision,

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: teasing staff, redirect her if something is wrong

Important To: hanging out with people friends, family, living @ home, work

Important For: visiting w/ peers, outings,

Likes: Blanket, being w/ friends shredding, cabin, arts & crafts

Dislikes: loud chewing cold, being told "NO", not being included, being misunderstood

Describe Communication Style: vocalizations, simple = yes/NO, DynoBox

Staff: Kelsey Snyder

Date: 12-1-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Aaron Phelps

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1: Will follow staff with redirection

Outcome #2: Practice ASL Daily

Technology Use: iPad, TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: topical - Phenol

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Partial controlled seizure Disorder, 2009 last seizure

Seizure PRN ☑ No ☐ Yes Location: Shunt Disorder

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Nickel size pieces of food, lactose free milk

Chronic Medical Conditions ☐ No ☑ Yes – List: - epilepsy
Cerebral palsey/spastic, hydrocephalus (fluid buildup in brain)

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: lazy eye, glasses
Shunt, can point to where it hurts/report to house/staff

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
Good Balance when seated
Can stand for short time, AFO's
☐ Support straps/belts needed

☑ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Staff Support

Sensory Disabilities ☐ No ☑ Yes – List: See above for vision

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
- help w/ boundaries
- Unbuckle seatbelts on him & others

Important To: Magazines, peers, helping & visiting others, Connect 4

Important For: personal boundaries, wheel chair safety, lactose free milk

Likes: Magazines, Connect 4, helping

Dislikes: wants independence, waiting, NOT being included

Describe Communication Style: Vocalizations, ASL, gestures, facial expressions

Staff: Kathryn Stein

Date: 12/1/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Katie Abbott

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☐ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☐ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☐ Other:	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☐ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 Katie will invite another peer to a group activity

Outcome #2 twice a week Katie will participate in group activity w/ peers

Technology Use: dynovox to communicate, IPAD

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: epilepsy, complex partial seizures staring, smacking lips

Seizure PRN ☒ No ☐ Yes Location:

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

NPO

Chronic Medical Conditions ☒ No ☐ Yes – List:

~~AFO~~

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

Not at PAI

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

AFO harrington rod uses Rifton tram

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

Rifton tram

☒ Support straps/belts needed can drive own wheelchair

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

Community & Water Safety Skills ☐ No ☒ Yes visually impaired, needs staff with her

Sensory Disabilities ☐ No ☒ Yes – List:

low vision

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

teasing staff when something is forgotten like safety belt

Important To: ~~Friends, family,~~ living at home, work, time to hangout with people, Facetime

Important For: visiting, outings, staff knowing she's NPO

Likes: blankets, Friends, shredding, her cabin, arts and crafts

Dislikes: being cold, being told NO, not being included, being misunderstood, loud chewing

Describe Communication Style:

vocalizations, simple verbal, Dynovox

Staff: Kathryn Stein

Date: 12/1/21

PAI

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☐ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☒ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☐ Other:	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☒ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 Follow staff directive for redirection

Outcome #2 ACL daily

Technology Use: IPAD, TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: topical phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ~~☐~~ No ☒ Yes – Describe: partially controlled seizure disorder last seizure 2009 has a shunt

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: bite sized pieces/nickel sized eats independently, lactose free milk

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerepral palsy Spastic, hydrocephalus, Epilepsy

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Not at PAI

Specific Health & Medical Needs ☐ No ☒ Yes – List: Shunt, ask yes/no questions if he's hurt, lazyeye, Stigmatizume, glasses

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports can stand for short periods remind him to get breaks AFO's

☒ Support straps/belts needed independently uses wheelchair

☒ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes staff help but strive for independence

Sensory Disabilities ☐ No ☒ Yes – List: see above for vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: likes hugs but needs help with boundaries, likes to help but staff sometimes need to redirect, history of unbuckeling his seat belt and others seat belts

picks his skin

Important To: magazines, socializing, helping, visiting	Important For: personal boundaries, lactose free milk
Likes: connect four, magazines, helping	Dislikes: not being included, waiting, being told No

Describe Communication Style: vocalizations, sign language, gestures, facial expressions

Staff: Kathryn Stein

Date: 12/1/21

PAI

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☐ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☒ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☐ Other:	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☐ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 uses break pass when leaving the room

Outcome #2 practing personal boundaries at PAI and in community

Technology Use: TV, IPAD, Computers

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: hayfever, seasonal, trazidone

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes might wander, verbal prompts, model safety skills

Sensory Disabilities ☐ No ☒ Yes – List:
sensitivity to sound and temperatures

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

Important To: being involved, wrestling, movies, pop, independence

Important For: being engaged in groups, pedestrian safety skills, personal space

Likes: movies, wrestling, Food, socializing

Dislikes: others in his space, loud environments, his belongings being touched

Describe Communication Style:
Verbal

Staff: Kathryn Stein

Date: 12/1/21

PAI

Service Recipient: Amber Gardener

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☐ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☒ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☐ Other:	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☒ Verbally/physically abusive to others	☒ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 using her choice board to communicate

Outcome #2 Will request a break when upset or frustrated

Technology Use: TV, IPAD

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe : Controlled

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : verbal reminders, quarter sized pieces, scoop plate

Chronic Medical Conditions ☐ No ☒ Yes – List: cerbral palsy, Scolliocisis

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports needs help moving her wheelchair

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ___
☐ 1 Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes being within visual range

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: biting her hand, scratching, removing lapbelt, verbal redirection, offer break, intermittent explosive disorder

Important To: being included, one on one time with staff, manipulatives, books, bracelets

Important For: using choice board, taking breaks

Likes: getting hair done, girly things

Dislikes: waiting, being ignored, not being included

Describe Communication Style: vocalizations, gestures, facial expressions, choice board, simple ASL

Staff: Dave

Date: 12-22-21

PAI

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Follow Redirection from staff.	Practice ASL with staff daily

Technology Use: IPAD/TV @ PAI

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Phenol

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe : Partial controlled disorder - shunt

Seizure PRN ☒ No ☐ Yes Location:

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

bite size pieces → eats independently

Chronic Medical Conditions ☐ No ☒ Yes – List:

C.P, epilepsy, hydrocephalus

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

No meds @ PAI. Staff would assist if meds were at PAI.

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

* shunt → ask Aaron if areas on body hurt.

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

Astigmatism → clean glasses, slow down

Stands for short periods of time

☐ Support straps/belts needed

☒ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker

☐ 2 Person Hoyer # staff in cares room: ___ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Observe, staff assist w/ chair in community

Sensory Disabilities ☐ No ☒ Yes – List:

Vision Impairment

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

Hugs too hard, picks at scabs, will unbuckle seatbelt

Important To:	Important For:
Magazines, ~~peers~~, staff assist, visiting peers	communication independence
Likes:	**Dislikes:**
Magazines, Independence	being rushed Not being able to choose

Describe Communication Style:

Vocalizations, ASL, physical gestures

Staff: Dave Tuine

Date: 12.22.21

PAI

Service Recipient: Amber

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Use choice board to communicate	Amber will request a break when needed.

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe : Controlled seizures, IF at PAI 3min → call.

Seizure PRN ☒ No ☐ Yes Location:

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

bite size pieces, chew thoroughly

Chronic Medical Conditions ☐ No ☒ Yes – List: CP, scoliosis

* no use of right hand.

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

Staff assist while at PAI

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

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

belts, straps on – staff assist w/ moving wheelchair

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Observe - Role Model

Sensory Disabilities ☒ No ☐ Yes – List:

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

biting, spitting, hitting, → staff prompts redirection/end of break

Important To:	Important For:
1:1 Attention, Manipulatives, inclusion	choice board, breaks, redirection
Likes:	**Dislikes:**
outings, visiding manipulatives	being ignored, taking her belongings away

Describe Communication Style:

body gestures, vocalizations

Staff: Dave Tuner

Date: 12.27.21

PAI

Service Recipient: Winta Mwossa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
Use break pass to leave the room	Winta will practice personal boundaries in the community

Technology Use: IPAD/computers

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay Fever, seasonal, Trazodone

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

Staff assists with medications at PAI.

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Observe (staff will model

Sensory Disabilities ☐ No ☒ Yes – List: hyper. responsive → sound + temperature

encourage communication when needing a break.

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

Important To:	Important For:
Independence, Inclusion, pop Wrestling, movies	engagement, communication time to process
Likes:	**Dislikes:**
1:1 time, food, outings movies wrestling	People in his personal space, loud noises, others touching personal belongings

Describe Communication Style:

Verbal

Staff: Dove Tolner

Date: 12.27.21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Katie Abbot

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Invite a peer to join her for a group activity

Outcome #2 2x weekly will participate with peers

Technology Use: computer, communication device

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: SEASONAL

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Katie is (NPO) and does not consume food by mouth. No staff assist

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

staff assist

Specific Health & Medical Needs ☐ No ☒ Yes – List: Hemiplegia for cares due to hemiplegia and Rifton TRAM, ~~Shoulder straps, lapbelt~~

Always ask Katie before moving her chair

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

Rifton Tram, Always ask before moving Katie

☐ Support straps/belts needed Shoulder straps lapbelt/My need help directing w/c

☐ Verbal Cues ☒ Physical Assistance ☐ Posey / Gait Belt ☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List:

Visually Impaired, staff supervision at all times.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: teases staff, check up on Katie

Important To: Family, routine, visiting friends, cabin, ~~shredding paper~~ medical equipment, Face time, day program

Important For: assisting with requests for outings

Likes: Blanket, visiting friends, cabin, dark shredding paper Family

Dislikes: cold, not being included being misunderstood, people chewing loudly

Describe Communication Style:

Vocalizations, communication computer, simple yes + no.

Staff: Zach Weinmann

Date: 12-1-21

PAI

Service Recipient: Katie Abbott

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Invite peer for Group Activity

Outcome #2 2x week Participate in group activity w/ Peers

Technology Use: Dynavox Ipads / TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Epilepsy, Complex Partial Stares unresponsive, smacks lips

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Tube fed, NPO,

Chronic Medical Conditions ☒ No ☐ Yes – List: ~~Hartfine~~

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Harrington Rod, Do not twist back (Rifton) AFO's

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Positioning aids Rifton Tram

☒ Support straps/belts needed Assist w/ Chair

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

Community & Water Safety Skills ☐ No ☒ Yes Visual impairment, Staff propel Chair

Sensory Disabilities ☐ No ☒ Yes – List: Low vision.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Teasing staff, if staff does something wrong

Important To: Mom & Dad friends living at home, work Chasing times to hang out

Important For: Facilitate visiting NPO

Likes: Blanket, Socializing, Shredding, Cabin Arts & Crafts Joking

Dislikes: Cold, Being told NO, Exclusion. Being Misunderstood

Describe Communication Style: Dynavox, Verbal (some words)

Staff: Zach Weinmann

Date: 12-1-21

PAI

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Aaron follows staff redirection

Outcome #2 Practice ASL Daily

Technology Use: Ipad / TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Phenol (Topical)

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☒ Yes – Describe: Partial Seizures controlled Has a shunt 2009 last seizure

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Food Cut, Nickel-size, Lactose Free

Chronic Medical Conditions ☐ No ☒ Yes – List: CP – Spastic, Hydrocephalus, Epilepsy

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Shunt, Astigmatism, Lazy eye.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Will try to get up.

☐ Support straps/belts needed AFO's

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Help with Chair, with staff

Sensory Disabilities ☐ No ☒ Yes – List: Vision

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Hug, hit, Pokes Peers, Helps too much Picks at Skin / Will unbuckle Seatbelt Self & others

Important To: Magazines, Hanging with peers, Connecting

Important For: Personal Boundries, Lactose Free

Likes: Independence

Dislikes: Not Being included, waiting

Describe Communication Style: Some words and ASL, Vocalizations Facial expression

Staff: Zach Weinmann

Date: 12-1-21

PAH

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 use Break Pass to leave the room

Outcome #2 Practice Personal Boundries

Technology Use: Computer/ TV/ Foods

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Hay Fever, Seasonal, Trazidone

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Model safety and inattentive

Sensory Disabilities ☐ No ☒ Yes – List: Sensitivity to Sound & Temp. Encourage Space & Distance

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

Important To: Being involved wrestling Movies, Pop, independence

Important For: Being engaged in groups Safety skills Personal Space.

Likes: Movies, wrestling, Food, 1:1 time

Dislikes: People in his space, other behaviors when people touch his stuff

Describe Communication Style: Verbal

Staff: Zach Weinmann

Date: 12-1-21

PAI

Service Recipient: Amber Gardner

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1: Independently use Choice Board to Communicate

Outcome #2: Request Break when upset

Technology Use: Ipad / TV

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: N/A

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controlled

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Remind to chew/swallow Quarter Sized Pieces Scoop Plate

Chronic Medical Conditions ☐ No ☒ Yes – List: CP, scoliosis

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

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

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

☒ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Propel Chair, Arms reach

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Bite hard, Scratch, Disengage lap Belt

Intermittent explosive disorder

Important To: 1:1 time, Manipulatives, Attn, Books, Bracelets, Hair done, Being included

Important For: Choice Board, Communicate Rather than Scream, Breaks

Likes:

Dislikes: Ignored, not included, etc.

Describe Communication Style: Some Sign, Vocalizations, Body language Facial expression

Staff: Anna Wrich

Date: 12/1/21

PAI

Service Recipient: Aaron Phelps

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Will follow staffs redirection.

Outcome #2 Will Practice ASL Daily.

Technology Use: iPad. T.V.

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Phenol

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe: ~~Follow PAI protocol~~. Partically controlled Last Seizure 2009

Seizure PRN ☑ No ☐ Yes Location: ~~any sign of~~ Seizure maybe shunt malfunction.

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: needs food cut in nickle size Lactose free milk.

Chronic Medical Conditions ☐ No ☑ Yes – List: C.P. – Spastic. Hydrocephalus Epilepsy

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: needs support to take medications

Specific Health & Medical Needs ☐ No ☑ Yes – List: Shunt. Ask if something hurts. AFOS watch for issues w/ shunt. Astigmatism. Lazy eye. glasses.

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: may try to stand up unsupervised can stand for short time. uses hand rail ☑ Support straps/belts needed help manuver. use breaks

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

Community & Water Safety Skills ☐ No ☑ Yes Stay w/ staff at all times. help drive chair

Sensory Disabilities ☐ No ☑ Yes – List: See above for vision

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: may hug to hard/long. tries to help others, may cause Problems. may unbuckle seat-belts "hands to self." PICKS SKIN

Important To: magazines. Helping. visiting.

Important For: boundaries. Lactose free. Wheelchair safety.

Likes: Peers. Connect 4. Helping.

Dislikes: People doing to much for him. waiting. being ignored.

Describe Communication Style: facial expressions. Vocalizations. some signs. gestures.

Staff: Anna Wrich

Date: 12/1/21

Service Recipient: Katie Abbott

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Will invite a peer to join her in a activity in her room

Outcome #2 2x week will participate in group w/ Peers.

Technology Use: Dynavox - iPad. T.V

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Seasonal write note to parents if noticed

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Epilepsy. complex partical seizures.

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: NPO! Nothing by mouth!

Chronic Medical Conditions ☑ No ☐ Yes – List: ~~wears AFOS~~

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: wears AFO's. Harrington rod. uses rifton tram - because of H. rod. cannot twist her back.

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Shoulder strap. Lap belts. Cannot drive uses Rifton tram. - secure all belts. safely.

☑ Support straps/belts needed Help her drive chair.

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

Community & Water Safety Skills ☐ No ☑ Yes model community safety. needs to be w/ staff at all times

Sensory Disabilities ☐ No ☑ Yes – List: Low vision - may not always see obstacles

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: tease staff. will laugh if staff if they are doing something wrong.

Important To: friends. fam. Home. work. hanging out. facetime.

Important For: maintaining relationships knowing NPO

Likes: blanket. friends. shredding. cabin. jokes. Arts n' crafts

Dislikes: Cold. being told no. not being included. being misunderstood people chewing

Describe Communication Style: Vocalizations. Yes/No Dynavox.

Staff: Anna Wrich

Date: 12/1/21

Service Recipient: Winta Mwassa

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Will use break Pass to leave the room.

Outcome #2 Will Practice personal boundaries at PAI & community.

Technology Use: TV. iPad. Computers.

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Hayfever. Seasonal. Trazodone.

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Chronic Medical Conditions ☑ No ☐ Yes – List:

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

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

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

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☑ Yes Can be inattentive. model community safety. -may wonder away

Sensory Disabilities ☐ No ☑ Yes – List: sensitive to sound & temps. does not like people in his space. Allow breaks. encourage communication.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: Allow breaks, quiet area encourage communication.

Important To: being involved wrestling. movies

Important For: engaged in groups safety skills. Personal space.

Likes: pop independence. food. 1:1 time.

Dislikes: People in his space. Loud areas. People touch his stuff.

Describe Communication Style: Verbal.

Staff: Anna Wrich

Date: 12/1/21

PAI

Service Recipient: Amber Gardner

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☑ Yes ☐ No	Physical Abuse ☑ Yes ☐ No	Self-Abuse ☑ Yes ☐ No	Financial Exploitation ☑ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 will use choice board to communicate independently.

Outcome #2 will request break when upset/frustrated.

Technology Use: iPad. T.V.

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

Does the person require support in this area?

Allergies ☑ No ☐ Yes – List:

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: fully controlled. would follow PAI Protocol

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: reminders to chew before talking. Cut into quarter size pieces. Scoop Plate.

Chronic Medical Conditions ☐ No ☑ Yes – List: C.P. scoliosis, does not use (R) hand

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Staff propels wheelchair. make sure lap belts are secure.

☑ Support straps/belts needed

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

Community & Water Safety Skills ☐ No ☑ Yes unable to keep self safe. Stay w/her.

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: bite, scratching. taking off lapbelt. staff will redirect, offer break, diff. activity. intermittent explosive disorder.

Important To: 1:1 w/ staff. manipulatives. attention. books

Important For: choice board. communication breaks.

Likes: bracelets. books. hair/nails

Dislikes: being/feeling ignored. no manipulatives. people touching her stuff

Describe Communication Style: facial expressions. few signs body language. vocalizations