In-service Training Log – Parkway All Staff

Date: 12/07/2021

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 Participants: 35, 55

Make up Date	Initial	Last Name
Lead DSP's/DSP's		
	RC	Ceragioli, Rey
	S.G.	Gaines, Susan
	JG	Gebhardt, John
	AG	Green, Andrea
	NK	Kereluk, Nikki
	DM	Moua, Dennis
	CP	Peterson, Chelsie
	DP	Popp, Daniel
	RS	Schmidt, Renee
	NS	Snyder, Nancy
	KS	Stein, Kathryn
	DT	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
		Gunderson, Jess
		Norwick, Kennedy
		Shattuck, Kelli

Staff: Rey Ceragioli

Date: 12/7/21

PAI

Service Recipient: Bill Schroeder

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 seek staff assistance when feeling upset or overwhelm

Outcome #2 will hand money for payment during outings

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:

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Chest strap to keep torso in his posture, tell him to slow down, staff will stay in range to make sure he doesn't choke. No peanutbutter, wooden box to set his food on. Curved spoon/ modified scoop plate, rubber, drinks liquids through straw 1200 1250 cal

Chronic Medical Conditions ☐ No ☒ Yes – List: Constipation. (keeping BM tracking)

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: difficult time breathing (let staff know)

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
muscle weakness, spasticity, mild, CP can control his wheelchair, staff will help when his in a tight space
☐ Support straps/belts needed

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

☒ 2 Person Hoyer
staff in cares room: 3
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes gets distracted, unaware of his surrounding verbal cues, reminders, helping him drive

Sensory Disabilities ☐ No ☒ Yes – List: vision and hearing, chronic earwax, wears corrective lens, Not wearing glasses/must have staff help in the community.

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: 10 minutes of being alone, verbal mood fluctuations, scratching his face, "how are you feeling today?" Name calling, swearing, holes in the walls.

Important To: watching movies, family, eating out, friends,

Important For: Not focusing on his weight, paying attention to his skin, following diet 1250 cal, meeting new people, socialize

Likes: Video games, Star trek, Star wars, car / motorcycle shows, movies, outings, meeting new people. Superhero movies

Dislikes: Bossy people, being rushed, exclusion, canceling, rules, expecting to see someone, but them not being there.

Describe Communication Style: Verbal

Staff: Rey Ceragioli

Date: 12/8/21

Service Recipient: Shawn "Dan" Smith

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 actively participate in communication skills for 10 min

Outcome #2 will hand over money when paying out in the community

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: generic tegretol, carbamazbpine,

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled by meds
Shunt malfunction - call 911

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: mickle sized pieces, skim milk, artifical sweethers (incress risk of seizures)

Chronic Medical Conditions ☐ No ☒ Yes – List: Shunt (overly tired, decendant stomach, vomit, neck pain, change in counciousness, headaches)

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: need staff support
doesn't take any at PAI

Specific Health & Medical Needs ☐ No ☒ Yes – List: adjust chair for repositioning / tilt this chair risk of skin breakdown.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
CP, dandy walker syn. can't support his weight, wheel 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 staff assist with moving his chair in the community

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: yelling, pulling hair, Scratching, flaring arms (not intentional) transitions that he doesn't want to do. Give him space and time. Head rubs

Important To: radio, tape, coke, color green, stringy, music, snacks, movies, space

Important For: space, choices, messaging head, time for transitions, being engaged,

Likes: radio, tape, coke, Color green, strings music, snacks, movies, space

Dislikes: being touched (being surprised) being rushed, not given time for transitions

Describe Communication Style: Verbalizations, words, short verbal requests body language

Staff: Gaines, Sallie

Date: 12/7/21

PAH

Service Recipient: Bill Schroeder

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 Bill seek staff help when feeling anxious

Outcome #2 Bill will handle his money on a outing.

Technology Use: T.V. / I pad /

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 :

Seizure PRN ☑ No ☐ Yes Location:

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

• wood box or plate • angled spoon • Chest Strap. Arms • Staff cuts up food. No Peanutbutter Sandwiches

• 1250 Calories. • Scoop plate • Chewy Jelly/Slow down • Bill needs to stay in Staff sight

Chronic Medical Conditions ☐ No ☑ Yes – List: Constipation

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

• needs help

Specific Health & Medical Needs ☐ No ☒ Yes – List: hard time breathing •

• Coughing / Shortness of breath.

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

, C.P. mild spasticity •

• weakness of muscles. •

• ASK to help out.

☐ Support straps/belts needed

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

☒ 2 Person Hoyer (4 person lift)
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes distracted. Staying with the group. Safety rules. take over W.C.

Sensory Disabilities ☐ No ☑ Yes – List: Vision, hearing.

Corr. lens.

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

- Can be alone for 10 minutes.
- Scream & moan
- needs a break
- yelling / name calling.
- put a hole in walls.

Important To: • watches movies, out to eat. 1-1 time. Super Heros

Important For: Sen. about weight. • Jim • Supervising his keto diet

Likes: • Watching movies / family / friends • going out to eat. Spaces • Star Wars. • meeting new people 1-1 time

Dislikes: • bossy people • being rushed • Cancelled plans • doesn't like rules • expc. to see someone and not here.

Describe Communication Style: • Verbal • Loves to talk.

Staff: Stacie Grimes

Date: 12/7/21

[redacted]

Service Recipient: Dan Smith "Shawn"

PAI

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 Darwin active in group for 10 minutes

Outcome #2 had over money before payment

Technology Use: Ipad / t.v. in the room

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: · tegretol · cervanazepine

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Controlled since Childhood

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: · Cut into Nickle size food · Skim milk · [redacted]

Chronic Medical Conditions ☐ No ☒ Yes – List: · Shunt into brain · Very tired · Headache · vomiting · Neck pain

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: · needing to adjust x-2 daily · Skin breakdown

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: · C.P. · dandwalker Syndrom full ass. in w.c. · uses 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

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: · looks away when mad/upset · yelling, pulling hair, screaming names · moving arms · transitions · being rushed · giving space/time/away from whomever · head rubs.

Important To: radio, tapes, Coke, Pop, Green Color, movies

Important For: Space, giving time, choices, resting head, as engaged as possible

Likes: radio, tape, Coke, Pop, color green.

Dislikes: being rushed, not given much time.

Describe Communication Style: a few words. pushing away if doesn't want.

Staff: John Gebhardt

Date: 12-7-21

Service Recipient: William Schroeder

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 Bill will seek staff help when anxious

Outcome #2 Bill will help with paying for items out in community

Technology Use: ☒ NO.

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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Must sit up right (No Peanut Butter) Reminders to chew/eat slowly small bite sizes,

Chronic Medical Conditions ☐ No ☐ Yes – List:
Is on a 1250 calorie Diet, uses straws. (Has constipation history)

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Sometimes has difficulty with breathing - shortness of breath Cerebal Palsy/spacisity)

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Reminders offer help with moving his electric wheel 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 Easily distracted - disoriented, give verbal cues and safty Reminders

Sensory Disabilities ☐ No ☒ Yes – List: Vision and hearing issues, He Must wear glasses in the community.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Check his moods/feelings Has mood fluxuations. Have him talk about feelings

Important To: Movies, Food, Family Friends, Star Trek.

Important For: Watching his weight His moods, socializing

Likes: Movies, new shows circus, shows, capital day

Dislikes: Being told what to do or not to do. Being rushed Having Plans Canceled.

Describe Communication Style: Verbal,

Staff: John Gebhardt

Date: 12/7/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dan(Sean) Smith

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 Dan actively participate in Group 10min

Outcome #2 will hand over his Money when in the community

Technology Use: I pads. TV in room. Sensory & Relaxation.

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Generic Tegretol. carbamazepine

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Hx of seizures in Childhood Call 911 if any occurs.

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Cut up food TO nickel sizes. eat slowly, Drinks Skim Milk. NO Artificial Sweetners.

Chronic Medical Conditions ☐ No ☒ Yes – List: Shunt-intracranial shunt in back of head. Headaches or neck pain at times.

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Adjust his wheelchair angles Daily. wears eyeglasses.

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports C.P./Dandy Walker Syndrome. uses wheelchair. full staff Assist

☐ Support straps/belts needed

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

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

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: yelling, Pulling hair, waving Arms Redirect-re cue him when needed.

Important To: Radio. Tape. Coke Space. snacks. Music

Important For: Transitions. Help him stay calm/comfortable

Likes: Coke/Pop. radio, Tape Strings snacks, cookies

Dislikes: Sudden moves, Changes Loud Noises.

Describe Communication Style: Verbal and some ASL signs. Does short verbal requests.

Staff: Andrea Green

Date: 12-7-21

PAI

Service Recipient: Bill Schroeder

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 seek staff when feeling frustrated

Outcome #2: handover money when buy things in public

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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : No peanut butter @ pai 1250 diet
posture chest strap be seen when eating.
reminders to chew slowly. Cut meat & Veggies encourage water

Chronic Medical Conditions ☐ No ☐ Yes – List: uses wooden cane
Constipation
beaware of BMs

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
CP. muscle weakness Reminders to keep 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 get distracted

Sensory Disabilities ☐ No ☒ Yes – List:
vision & hearing, glasses wears always

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
10 min alone time, yelling name calling

Important To: movies but best family

Important For: Juvenile, skin head 91 sensitive about weight

Likes: contact friends, Star Track 1on1 Car motorcycle time

Dislikes: rude direction bossy tone being rushed

Describe Communication Style:
Verbal

Staff: Andrea Aveen

Date: 12-7-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dan Smith (Shawn)

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: actively participate in group 10min

Outcome #2: hand over money to pay for items

Technology Use: Ipad / TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List:
Generic Tegretol, carbamazipine

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe: shut mouth
Controlled by meds (any seizures call 911)

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
Cut into nickel size
Veggies, meat. Skim milk no Aft sweetner

Chronic Medical Conditions ☐ No ☒ Yes – List:
Shut
intra cranially. overly tired vomiting, neck pain, headache

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

Specific Health & Medical Needs ☐ No ☒ Yes – List:
RISK of skin breakdown. CPap

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
CP. dandy walker sym.
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 support needed

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
yelling, pulling hair
pulling arms.

Important To: radio, Tape cake POP space

Important For: knowing need space. having choices

Likes: Radio, Tape string snacks music

Dislikes: no having space

Describe Communication Style:
Verbal/non verbal

Staff: Nikki Kereluk

Date: 12/7/21

PAI

Service Recipient: Bill Schroeder

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 seek staff assistance when frustrated

Outcome #2 hand over money when paying in community

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: —

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: posture → chest strap, reminders "slow down"; chop meats/veggies stay in visual range, no peanut butter @ PAI. encourage water

Chronic Medical Conditions ☐ No ☒ Yes – List: 1,1250 calorie diet | wooden box, scoop plate, straw constipation

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: difficulties breathing → nebulizer @ home

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: CP w/ mild spasticity → need reminders of obstacles w/ chair

☐ Support straps/belts needed

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

☒ 2 Person Hoyer # staff in cares room: 3-4
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes distracted easily, needs supervision

Sensory Disabilities ☐ No ☒ Yes – List: vision and hearing → chronic earwax buildup wears glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: alone time up to 10 min
SIB – property destruction, agression, scratch hands and head
* take a break and talk *

Important To: movies, out to eat, contact w/ family, friends

Important For: paying attention to skin/ hygiene, dietary guidelines, 1:1 time

Likes: space, sci-fi, movies, games car/motorcycle shows, circus, new people

Dislikes: bossy tone, being rushed, exclusion, cancelled plans, rules

Describe Communication Style: 1:1 time / Verbal

Staff: Nikki Kerchal

Date: 12/8/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dan Smith (Shawn)

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 actively participate in social skills for 10 min.

Outcome #2 will hand over money when paying in community

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: generic Tegretol, carvamazipine

Epi Pen/Treatment ☒ No ☐ Yes Location: —

Seizures ☐ No ☒ Yes – Describe: controled by meds
Shunt malfunction = seizure activity

Seizure PRN ☒ No ☐ Yes Location: —

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: cut hard to eat into nickle sized pieces, skim milk, no artificial sweetner

Chronic Medical Conditions ☐ No ☒ Yes – List: shunt - intracranial malfunction = over tired, bloated, vomit, headache, neck pain
seizure activity

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: adjust chair for skin breakdown avoidance

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
CP, dandy walker syndrome

☐ Support straps/belts needed full assist w/ 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 supervision, navigate chair

Sensory Disabilities ☒ No ☐ Yes – List: —

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:
upset → move away from others
give space + time to process
yelling, pulling hair, throwing items, scratching, flailing arms

Important To: radio, tape, coke, color green, string, music, snacks, space

Important For: time to process, choices, headache support, help transition, engage

Likes: color green, movies, music, string,

Dislikes: being rushed, transitions

Describe Communication Style: vocalizations, body gestures, short phrases

Staff: Dennis Mowe

Date: 12/7/21

PAI

Service Recipient: Schroeder, Bill

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
Seek staff assistance when feeling frustrated or anxious	Bill had over money when paying for items in community.
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 :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : posture keep sat up right, hazard for choking, reminder to slow down eating, chop meats + veggies stay in visual range when chewy items shall (staff)

Chronic Medical Conditions ☐ No ☑ Yes – List: eating, not be sent, encourage water when eating
1250 calorie diet, uses wooden box, weighted, modified spoon, scoop plate, straw
* constipation, be aware of his BM

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports : staff assistence, takes a med at PAI

Specific Health & Medical Needs ☐ No ☑ Yes – List: difficulty breathing, nebulizer treatment at home

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
cerebral palsy, general muscle weakness, mild spasticity, verbal cues for obstacles
☐ Support straps/belts needed
urinal in restroom

☑ 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 get distracted in community

Sensory Disabilities ☐ No ☑ Yes – List: vision + hearing, chronic ear wax buildup
wears corrective lenses, needs glasses

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: redirect moods, talk him through feelings (aggression + behaviors) frustrations or behavioral issues, hoks in walk

Important To: watch movies, contact family, eating, friends,

Important For: weight sensitive, skin integrity, hygeine, follow dietary guidelines 1-1 time

Likes: Starwars, star trek, videogames, cars + motorcycle, circus, tivi shows
self advocacy, 1-1 time

Dislikes: bussy ppl (tone, rush, rules not being listened to, cancelling plans

Describe Communication Style:
verbal, structure, prompts

Staff: Dennis Mone

Date: 12/8/21

PAI

Service Recipient: Dan, Smith (Shawn) [redacted]

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
participate Social Skillgroup 15 min	Hand over money when paying for item in community

Technology Use: ipad, tv in room, sensory (group)

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: tegretol generic, carbamazepine

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: controlled by meds, non since childhood. Seizure sign can be shunt malfunction

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: help cut items to nickel size pieces. skim milk, no artificial sweetner

Chronic Medical Conditions ☐ No ☑ Yes – List: shunt intracranial. overly tired, upset stomach, headache, neck pain

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: needing to adjust chair (risk of skin breakdown)

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Cerebral palsy, dandy walker syndrome

☐ 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 needs support

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: yelling, pulling hair, flailing arms

Important To: ~~massage head~~ radio, tape, coke, spring, music, snack movies, space, ~~gym~~ hangchpies

Important For: helping him to be engaged as ~~[redacted]~~ possible

Likes: radio, tape, coke, spring, music, snack, movies

Dislikes: being rushed,

Describe Communication Style: vocalizations, physical gestures, short verbal

Staff: Chelsie P

Date: 12/7/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Bill Schroeder

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 Bill seek staff assistance when anxious

Outcome #2 Bill will hand over money in community.

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: Bills Box for higher, Curve Spoon Liquids (straw)

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Posture, Chest strap Visual range, No Peanut sandwich Reminders to slow down, chew slowly, Staff chops food

1250 calorie diet

Chronic Medical Conditions ☐ No ☒ Yes – List: Constipation

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Cerbal Palsy, muscle weakness Spasticity
☐ Support straps/belts needed

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

☒ 2 Person Hoyer # staff in cares room: 3
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Staff assist, Distracted, unaware of surroundings

Sensory Disabilities ☐ No ☒ Yes – List:
Vision and hearing. Earwax buildup

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Check in after 10m
Verbal, property destruction Yelling, cussing, name calling

Important To: watching movies, outing, family and Freinds

Important For: Sensitive about weight Paying attention to skin Dietry guidelines, (1 on 1 x)

Likes: Space, video games, Startrek, car and motorcycle shows, 1 on 1 x

Dislikes: Directive Authority, Bang rushed Excluded, 1 on 1 cancel, Rules

Describe Communication Style:
Verbal

Staff: Chelsie

Date: 12/8/21

PAI

Service Recipient: Shawn Dan Smith

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 Dan will engage social skills room

Outcome #2 Dan will play in community

Technology Use: IPad, TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Generic tegaetol, Carbamzepin

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Not one since Childhood shunt malfunction-

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Cut meat size pieces / Skim Milk - NO Artifical sweetner

Chronic Medical Conditions ☐ No ☒ Yes – List: overly tired, vomit, extend Stomach, Shunt - intracranial - Headache, neck pain,

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Risk of skin break down, Needs repositions

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: CP, Dandy Walker Syndrome

☒ 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 assistance.

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Yelling, pulling hair, Scratching, Flailing Arms, Slapping (Needs space & time)

Important To: Radio, tape, coke, Green String Music Swings Movies Space

Important For: Space, Choices, rub Head As Engaged as possible

Likes: Radio and tape

Dislikes: Not Giving him time

Describe Communication Style: Vocalizations

Staff: Daniel P

Date: 12/7/21

PAI

Service Recipient: Bill S.

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

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

Outcome #1	Outcome #2
Seek Staff assistance when frustrated	Will handle money when in community

Technology Use: TV and 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: Uses weighted bent spoon. liquids thrugh straw

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: On 1,250 calorie diet encourage water. finely Chop food up and remind to eat slow Needs Chest Strap to sit upright or else he could choke. NO PB Sandwiches

uses box to lift food higher

Chronic Medical Conditions ☐ No ☑ Yes – List:

Constipation

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

Needs assistance with meds

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

Sometimes has difficulty breathing. He will start to cough to indicate

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

Cerebral palsey spacisity

☐ Support straps/belts needed controls own wheelchair sometimes needs reminders

☑ 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 get distracted in community

Sensory Disabilities ☐ No ☑ Yes – List:

Vision and hearing Wears corrective lenses

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

has alone time. has mood swings. Yells and Swears if upset

Important To:	Important For: follows diet guidelines paying attention to skin quality
Watching movies, family, going out to eat	
Likes: meeting people. 1:1 time, Sci Fi movies Space programs, movies, car and motorcycle shows	**Dislikes:** a bossy tone, being rushed, being excluded, cancelled plans

Describe Communication Style:

Verbally

Legal name Shawn

Staff: Daniel P.

Service Recipient: Dan Smith

Date: 12/7/21

PAH

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 actively participate in Social Skills 10 minutes

Outcome #2 hand over money when paying for items

Technology Use: iPad and TV in room

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Generic Tegretol and carbamazepine

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: hasn't had one in years. Signs of seizure could be Sh Call 911 NT

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Cut in Nickel size pieces, Skim milk, No artificial sweeteners

Chronic Medical Conditions ☐ No ☑ Yes – List: Shunt (intra cranial) Signs of malfuction are tiredness, vomitting, headache

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

Specific Health & Medical Needs ☐ No ☐ Yes – List: risk of skin breakdown

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Cerebral Palsey, Dandy Walker syndrome

☐ 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 can wheel himself but staff will observe

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: head rubs can help to calm down

Yelling, Pulling hair, scratching, flaling arms

Important To: having space and being given time
Radio, tape, coke, music, snacks, movies

Important For: Give time for transitions, being engaged having choices, massaging head if upset

Likes:

Dislikes:

Describe Communication Style:

Vocalizations, will reach for things or push away, short

Staff: Rana Schmoldt

Date: 12/7/21

PAI

Service Recipient: Bill Schroeder

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 Seek staff when feeling anxious

Outcome #2 will hand out him money when incomm.

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 :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
Reminder slow eating 1250cal Chopped veggies Visual Rang Liquid w/straw Chest Strap Keep him up right Sips dur raised Plate Weigh Spoon

Chronic Medical Conditions ☐ No ☐ Yes – List:
Communicate w/ Home Staff about BMs Consipation

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

Specific Health & Medical Needs ☐ No ☐ Yes – List:
Difficulting Breathing Cough

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports
CP mild spasticity Control his own wheelchair Use urional Verbal ques
☑ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☐ Yes Distracted in comm. unaware Safety reminders

Sensory Disabilities ☐ No ☐ Yes – List:
Vision & hearing Chronic ear wax buildup

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:
verbal aggression Scratch yelling, Swearing
Can be along upto 10mins verbal reminders to calm down

Important To: Movies Comm outing 1:1 time

Important For: Sensitive about weight Skin hygen following Healthguidelines

Likes: outings Star wars Car/Motorcycles Sci fi food friends visiting

Dislikes: Bossy tone Being rushed Cancelled Plans rules

Describe Communication Style:
Verbal

Staff: Renee Schmaltz

Date: 12/8/21

PAI

Service Recipient: Shawn, Dan Smith

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 actively participate in Social Skill learning **Outcome #2** Hand over his money to pay for item in

Technology Use: IPad, TV

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

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List: Ben. tegretrol Carbamazepine

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe: Controlled by med Shunt malfunction if any seizur

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports: Skim milk no artif. sweetners

Cut hard food item in nickle size - fruit veggies

Chronic Medical Conditions ☐ No ☐ Yes – List: overly tired extended stomach

Shunt - intracranial vomiting headach neck pain

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

Would need staff support.

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

risk of skin breakdown - need repositioning

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

CP Cant not bear weight+ Dandy walker syndrom - unsteady

☐ 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 asst.

Sensory Disabilities ☑ No ☐ Yes – List:

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

Yelling Scratching Pulling hair flailing arms

Important To: Toy Radio Tape Space Coke Color Green music snacks

Important For: Giving time heads up transitions having choices Head rubs Being engaged

Likes: Head rubs Snacks radio, Pop

Dislikes: Being rushed not giving him times

Describe Communication Style: reaching or push thing away

Verbal Comm. few word or wheel self away

Staff: Nancy Snyder

Date: 12-7-21

PAI

Service Recipient: Bill Schroeder

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 seek staff assistance when frustrated

Outcome #2: Will hand over money when paying for things in the community.

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:

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: -1250 calorie diet, wooden box to raise food -Chest strap for posture -helps with choking. -Stay in visual range. -Slow down reminders, -No PB sandwiches -Cut Foods -liquids thru straw

Chronic Medical Conditions ☐ No ☑ Yes – List:
Constipation, tell house of BM's

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

Specific Health & Medical Needs ☐ No ☑ Yes – List:
Difficulty Breathing = coughing

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
Cp/ Cerebral palsey, Muscle Weakness contrys own wheelchair
Mild - Spasticity
☐ 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 Gets distracted, verbal cues

Sensory Disabilities ☐ No ☑ Yes – List:
Vision & Hearing, Chronic ear wax build-up

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
Alone time for 10 minutes, scratches head, yelling, name calling

Important To: meeting new people
movies, going out to eat, family, friends

Important For: Skin; hygiene
sensitive about weight, Diet Dr. Pepper

Likes:
space, video games, movies, circus
meeting new people

Dislikes: Rules
bossy toe, rushed, cancelled plans

Describe Communication Style:
Verbal

Staff: [illegible] Service Recipient: Dan Smith

Date: 12-8-21

PAH

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: ~~Activ~~ Participate in Group for 10 mins

Outcome #2: Hand over Money in community

Technology Use: iPad, TV

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Generic Tegretol, Carbamazepine

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Controlled by medication, - activity could be shunt malfunction

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Nickle size pieces, skim milk, no artificial sweetener

Chronic Medical Conditions ☐ No ☑ Yes – List: Shunt (intra-cranial) - overly tired - neck pain - vomiting - headache

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: Reposition chair - risk of skin breakdown

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: -cerebral palsey -Dandy walker syndrome - Full assist 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 staff helps w/ wheelchair

Sensory Disabilities ☑ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: yelling, pulling hair (his own), scratching, frustration

Important To: radio, tape, Coke, Green String, movies, Snacks, Space	Important For: choices, head rub, engaged in group
Likes: Head rubs, radio, tape, Coke Green, String, movies, Snacks, Space	Dislikes: loud noises, rushed

Describe Communication Style: vocalizations, few words,

Staff: Kathryn Stein

Date: 12/7/21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Bill Schroeder

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 seek staff assistance when frustrated or anxious

Outcome #2 will hand over his money for items in the community

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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : liquids through a straw uses scoop plate needs chest strap to stay upright, reminders to chew thoroughly, staff cut meat and veggies, be within visual range, no peanut butter sandwiches, 1,250 calorie diet, uses wooden box, uses weighted bent spoon encourge water

Chronic Medical Conditions ☐ No ☒ Yes – List:
~~Ear~~ constipation

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
needs assistance takes daily med at noon

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Sometimes difficulty breathing, coughing shortness of breath

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Cerebal palsy with mild spasticity, moves independtly in wheelchair uses urinal in bathroom, Hoyer if needed
☒ Support straps/belts needed

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

☒ 2 Person Hoyer # staff in cares room: 3
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes Staying with group, verbal cues about obstacles, physcal assistance

Sensory Disabilities ☐ No ☒ Yes – List:
vision, hearing, chronic ear wax buildup, glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
mood fluctuations, self injurious picking at head, verbal aggression swearing, property distruction
alone time for 10 minutes

Important To: contact with family, friends

Important For: sensitive about his weight, paying attention to his skin, dietary guidelines, one on one time

Likes: star wars, space programs, movies, car/motorcycle shows, self advocacy, meeting new people, super heroes

Dislikes: being told what to do, being rushed, canceling plans, rules, people being gone from Program

Describe Communication Style:
Verbal

Staff: Kathryn Stein

Date: 12/7/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Shawn Smith (Dan)

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 actively participate in Social Skills group for 10 minutes

Outcome #2 Will hand over his money when paying for items in community

Technology Use: IPAD, TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Tegretol, Carbamazepine

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Controlled by medication history of seizures sign of shunt malfunction

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: nickel sized pieces: Fruit, Veggies, meat skim milk, no artifical sweetener

Chronic Medical Conditions ☐ No ☒ Yes – List: Shunt, intracranial shunt: Signs of malfunction: tired, headache

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: no meds at PAI

Specific Health & Medical Needs ☐ No ☒ Yes – List: adjust chair for skin breakdown

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Cerebral palsy, dandy walker syndrom at risk for skin breakdown pressure sores

☐ 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 him moving wheelchair

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Yelling pulling hair, throwing items, scratching, swinging arms around head rubs help, bring to different space

Important To: radio, tape, coke, space

Important For: having time to adjust, choices, head rubs, heads up for transitions, being engaged

Likes: radio, tape, coke, color green, string, music, snacks, movies

Dislikes: loud noises, being startled

Describe Communication Style: nonverbal, some sign language, facial expressions, vocalizations, some verbal short verbal requests

Staff: Dave Turner

Date: 12.7.21

PAI

Service Recipient: Bill Schaedel

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

Bill will seek staff assistance when feeling anxious.

Outcome #2

Bill will hand over money while in community.

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: Liquids thickened with straw (Bill uses bowl to help) Adaptive spoon

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: ~~Bottles~~ (1250 - calorie diet.) (Encourage water) Bill needs to be in eye-sight of staff while eating. He needs chest strap. (Slow down with eating) Staff will cut meat + veges.

Chronic Medical Conditions ☐ No ☒ Yes – List:

constipation. (communicate to house)

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

Assistance (Bill takes med at 12pm)

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

Difficulty breathing (coughing - shortness of breath)

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

controls own w/c Muscle weakness (uses visual) Cerebral Palsy, spasticity

☐ 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 Distracted in community (verbal cues - unaware of surroundings) (ask to help him)

Sensory Disabilities ☐ No ☒ Yes – List:

(Vision + Hearing) Wax build-up. (Wears Collection lenses.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Yelling, swearing, name-calling. (Holes in walls)

Alone time for 10minutes, Mood Fluxuations - property destruction

Important To: Watching movies, out to eat, Contact family & friends, Sensitive about weight

Important For: Sensitive about weight, Skin integrity, Following directory guidelines 1:1 time

Likes: STAR WARS, STAR TREK, meeting new people. Motorcycle, Circus (self-advocacy) 1:1 time

Dislikes: Bossy tone; Being RUSHED, Excluded cancelled plans, Rules

Describe Communication Style:

Verbal

Staff: Dave Tolner

Date: 12.28.21

PAI

Service Recipient: Dan Smith

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
Actively participate in group 10 min	hand over money to pay for items

Technology Use: IPAD, TV

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Shunt malfunction
generic tegretol, carbamazidipine (long seizures call 911) (Any seizure call 911)

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:
cut into nickel size pieces with veges + meat
Skim milk NO sweetner

Chronic Medical Conditions ☐ No ☒ Yes – List:
Shunt gets overly tired, vomitting, neck pain, headache

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

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Risk of skin breakdown

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
CP, Dandy walker
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 support needed

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
yelling, pulling hair
Flailing arms

Important To:	Important For:
Radio, Tape, Pop, Space	Having space, having choices
Likes:	**Dislikes:**
Radio, Tape, String, snacks, music	Not Having Space

Describe Communication Style:
Vocalizations.

Staff: Zach Weinmann

Date: 12-7-21

PAI

Service Recipient: Bill Schroeder

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 Seek staff when Frustrated or anxious

Outcome #2 Hand over money in the Community.

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: Scoop plate

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Chest strap so he doesn't choke, Chew thoroughly, chop meats & veges. 1250 calorie diet Must be in Visual Range Water while eating

Chronic Medical Conditions ☐ No ☒ Yes – List: Constipation

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Difficulty Breathing, Short of Breath

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: Muscle weakness, spasticity, Cerebral Palsy Will fall asleep uses urinal

☐ 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 get distracted, fall asleep,

Sensory Disabilities ☐ No ☒ Yes – List: Vision and hearing

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: up to ten minutes alone, Verbal, Physical, & SIB, yelling, swearing, name calling

Important To: Watching movies, out to eat, Family, Friends,

Important For: Sensitive about weight 1:1 time Pay attn to skin, Following dietary guidelines

Likes: Star Wars, Star Trek, Self-advocacy things Meeting people,

Dislikes: Being told what to do, Rushed, excluded, Rules

Describe Communication Style: Verbal

Staff: Zach Weinmann

Date: 12-7-21

PAI

Service Recipient: Dan Smith

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
Actively Part in Social Skills	Hand over Money

Technology Use: TV Ipad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Generic Tegretol, Carbamazepine

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: controlled Has a shunt

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Nickel-sized for hard foods

No Artificial Sweetener

Chronic Medical Conditions ☐ No ☒ Yes – List: Shunt Intra-Cranial. Distended Stomach Vomiting, Headache Neck Pain

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Reposition 2x daily at least

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: CP, Dandy Walker syndrome,

☐ 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 Full assist

Sensory Disabilities ☒ No ☐ Yes – List:

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

Yelling, Pulling hair (his), Throw items When upset or Frustrated.

Important To: Radio, Tape, Coke, Burgers, Green, String, Music Snacks movies space

Important For: Time, Choices, Massages Engage and heads up for Transitions him

Likes: Hamburgers

Dislikes: Transitions,

Describe Communication Style: Verbal, Some signs, Vocalizations, Move toward/ Away

Staff: Anna Wrich

Date: 12/7/21

Service Recipient: Bill Schroeder

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 seek staff assistance when feeling anxious.

Outcome #2 will pay cashier when in the community.

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 :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : liquids from straw. uses chest strap to sit up-right. reminders to slow down. chop meats and veggies. 1,250 cal diet stay in visual range. - NO P.b sandwich. encourage water.

Chronic Medical Conditions ☐ No ☑ Yes – List: uses wooden box to raise plate, curved spoon, scoop plate

constipation

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: difficulty breathing. watch for shortness of breath.

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

C.P - spastic. muscle weakness. can control own chair. may need reminders prompts.

☑ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes may get distracted. Stay w/ group. Prompts & reminders

Sensory Disabilities ☐ No ☑ Yes – List: vision and hearing. chronic ear wax build-up. wears glasses.

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: mood fluxuations. redirect moods talk about feelings. may pick skin. scabs. talk about the problem. offer breaks.

Important To: movies. going out to eat. family. sensitive about weight. 1:1 time

Important For: Paying close attention to skin. following dietary guidelines. 1:1 time.

Likes: movies. hanging w/ friends. video games. star wars. star trek

Dislikes: being told what to do or being bossed around. being rushed. rules.

Describe Communication Style: Verbal.

Staff: Anna Wrich

Date: 12/8/21

PAH

Service Recipient: Dan Smith (Shawn)

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 activly participate in social skills for 10 mins.

Outcome #2 will hand over money when paying in community

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: generic tegretol. Carbamazepine

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☐ No ☑ Yes – Describe: Controlled by medications Any seizure activity may be shunt malfunction - call (all)

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports: Cut into nickle size bites. Skim milk. No artifical sweetners.

Chronic Medical Conditions ☐ No ☑ Yes – List: Shunt intra-Cranial, malfunction = overly tired, headache, neck pain

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: reposition in chair to prevent skin breakdown.

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: up. Dandy walker syndrome. uses wheel-chair. full assist from staff. Community full assist

☑ Support straps/belts needed

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

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

Community & Water Safety Skills ☐ No ☑ Yes Staff help navigate wheelchair.

Sensory Disabilities ☑ No ☐ Yes – List: ϕ

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports: yelling, pulling hair. flailing arms. Help assess environment. warn for transitions. Allow space and time. head rubs.

Important To: radio. tape. Coke. String. music. space.

Important For: being given time. Choices. head rubs if headache. engaging.

Likes: radio, tape. Pop green string. movies.

Dislikes: transitions. No warning to be moved. Always give headsup.

Describe Communication Style: responds to short verbal Vocalizations. few words. body language. gestures.