



# Competency Tracking Form

Participant: Alvaro Gutierrez-Campos Annual Service Span: December 2021 - November 2022

Annual Meeting Date: 12/16/2021 Date Assigned to Lead: 12/21/2021

Competency Quiz Due for all Staff: 1/16/2021

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

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

Date Completed	Initials	Full Name
	AA	Ann Alberg
11/7/22	DB	Destiny Barnes
		Lori Bauernfeind on leave
	AB	Austin Bofferding
	JB	Juan Bonilla
	L	Lynn Champagne
	IC	Isabelle Cooper
11/6/22	NG	Nicci Gangl
	JH	Jesse Haug
	DSP	Anna Priddy

Date Completed	Initials	Full Name
12/30/21	CK	Cortney Kelly
1/7/22	JK	Justyn Kriel
	DN	Dawn Nelson
	MP	Monti Patrick
12/30/21	AR	Anneliese Robinson
	SS	Shelley Stover
01/07/22	SV	Soua Vang
	EW	Erica Wubben

Date Uploaded to LMS: \_\_\_\_\_

Staff: Ann Albers



Service Recipient: Alvero G C

Date: 12/

Service Span: 12/1/21 to 1/22

Outcomes:

**Outcome #1:** work on communication skills  
 Summarize Steps: Home room Alvero will get his flash cards out 2 Staff will pick a word show the picture to Alvero he will try to say the word in Spanish then in English

**Outcome #2:** Pick and participate in a outing  
 Summarize Steps:

**Communication Style:** Verbal Spanish + English

**Learning Style:**  
learn by showing

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Take medication at home also controlled by corpus colostomy surgery in 2002</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need help cutting food</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer assistance on uneven or slippery surfaces due to Alvero has bilateral cataracts</u>
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Street safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alvero wears glasses to help correct bilateral cataracts</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>

**Important to:** living w/ family going to work & having a job having people to chat with

**Important for:** having opportunities to work engage in his community having staff support w/ communication having support to stay healthy

**Likes:** music (Spanish) dancing mexican food and working

**Dislikes:** say he likes everything been there have been times he was observed becoming anxious & frustrated when trying new job that is confusing

Staff: Destiny  
 Date: ~~1/23~~ 1/7/22



Service Recipient: ALVARO G  
 Service Span: DEC 21 - Nov 22

**Outcomes:**

<b>Outcome #1:</b> <u>COMMUNICATION SKILLS</u> Summarize Steps: <u>FLASH CARDS → PICK A CARD → SAY CARD IN SPANISH → will say word in English</u>
<b>Outcome #2:</b> <u>PICK &amp; PARTICIPATE IN AN OUTING</u> Summarize Steps: <u>SHOW ALVARO CALENDAR → He will pick an outing → He will attend outing</u>
<b>Communication Style:</b> <u>VERBAL SPANISH &amp; ENGLISH</u>
<b>Learning Style:</b> <u>SHOWING / DEMONSTRATING</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HISTORY - had surgery in 2002, take med @ home.</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help cutting food</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NONE</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer assistance on uneven/slippery surfaces due to bilateral cataracts</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety, prompt water jacket</u>	
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses due to bilateral cataracts. staff will help clean glasses as needed.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Alone time</u>	
<b>Important to:</b> <u>living w/ family, going to work, having a job, having people to chat with.</u>		
<b>Important for:</b> <u>opportunities to work, engaging in community, staff support in communication, to stay healthy.</u>		
<b>Likes:</b> <u>SPANISH music, dancing, mexican food, working</u>		
<b>Dislikes:</b> <u>Becomes ANXIOUS &amp; upset when trying new jobs</u>		

Lead Review Completed: Destiny Kelly, ps

Staff: ASHLEY BEEFORD  
 Date: 12/30/21



Service Recipient: ALVARO G.  
 Service Span: Dec. 2021 - Nov. 2022

Outcomes:

**Outcome #1:** Communication Skills  
 Summarize Steps: Will get our flash cards, say in English and Spanish.

**Outcome #2:** Pick and participate in an outing  
 Summarize Steps:

**Communication Style:** verbal. (Spanish and English)

**Learning Style:** showing, demonstrating

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Had surgery, NO meds here.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ASSISTANCE ON UNEVEN SURFACES, due to <del>attention</del> Bilateral cataracts.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>Living with family, going to work, having a job, having people to chat with.</u>	
<b>Important for:</b> <u>Having opportunities to work, engage in his community, staff support with communication, staff support to stay healthy.</u>	
<b>Likes:</b> <u>music, dancing, Mexican food, and working.</u>	
<b>Dislikes:</b> <u>new jobs to try to understand.</u>	

Lead Review Completed: Ann Abby GOSD

Staff: Juan B  
 Date: 12-29-21



Service Recipient: A.G  
 Service Span: 12-22-21 to 1-30-22

Outcomes:

<b>Outcome #1:</b> <u>Communication skills</u>
Summarize Steps: <u>Alvaro will grab flash cards &amp; say a word in Spanish &amp; English</u>
<b>Outcome #2:</b> <u>pick &amp; participate in an outing</u>
Summarize Steps: <u>pick &amp; participate in an outing</u>
<b>Communication Style:</b> <u>Verbal Spanish &amp; English</u>
<b>Learning Style:</b> <u>Verbal Spanish &amp; English demonstrating</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>history of seizures, takes meds</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help eating food</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eating food</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will offer help on ground or slippery terrain due to lateral</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Wears glasses to correct blurred vision &amp; staff will help clean them</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b>	<u>living w/ family, going to work having a job</u>
<b>Important for:</b>	<u>having opportunities to work, engaging in his computer, staff support in communication, staying healthy</u>
<b>Likes:</b>	<u>Music (Spanish), dancing, Mexican food, working</u>
<b>Dislikes:</b>	<u>says no but was observed becoming anxious new jobs</u>

Lead Review Completed: Am Alby JSD

Staff: Lynn Champagne  
 Date: 12/30/21



Service Recipient: A.G  
 Service Span: Dec 21 - 11-30-22

Outcomes:

**Outcome #1:** get out flash cards day in eng & Spanish!  
 Summarize Steps:

**Outcome #2:** pick & participate in outings  
 Summarize Steps:

**Communication Style:**  
Verbal Spanish, english

**Learning Style:**  
Showing, demonstrating

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of seizures, takes meds</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up food</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>'' ''</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self manage</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will offer asst. due to cataracts</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety, water</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses for cataracts</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
<b>Important to:</b>	<u>family work job, people to talk to</u>	
<b>Important for:</b>	<u>oppt. to work, community, staff support comm, <sup>staff helps</sup> him stay healthy</u>	
<b>Likes:</b>	<u>music, dance, mexican food working</u>	
<b>Dislikes:</b>	<u>gets anxious over new jobs</u>	

Lead Review Completed: Ren Albys 1/5/22

Staff: Isabelle Cooper

Date: 12/30/21



Service Recipient: Alvaro G.

Service Span: Dec 21 - Nov 22

Outcomes:

<b>Outcome #1:</b> <u>Communication Skills</u>
Summarize Steps: <u>Flashcards → will pick a card → will say card in Spanish → Will say word in English</u>
<b>Outcome #2:</b> <u>Pick &amp; participate in an outing</u>
Summarize Steps: <u>Show Alvaro calendar → Alvaro will pick outing → Alvaro will attend outing</u>
<b>Communication Style:</b> <u>Verbal Spanish &amp; English, use translation line w/ parents</u>
<b>Learning Style:</b> <u>showing/demonstrating</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history - had surgery in 2002, take med @ home</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help cutting up food</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>None.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>NO medication @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer Alvaro assistance on uneven or slippery surfaces due to bilateral cataracts</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety, prompt water jacket</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alvaro wears glasses due to bilateral cataracts</u> <u>Staff will help clean glasses as needed</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>NO alone time</u>
<b>Important to:</b>	<u>living w family, going to work, having a job &amp; having people to chat with</u>
<b>Important for:</b>	<u>having opportunities to work, engaging in community, having staff support in communication &amp; to stay healthy</u>
<b>Likes:</b>	<u>Spanish music, dancing, Mexican food, working</u>
<b>Dislikes:</b>	<u>becomes anxious &amp; upset when trying new jobs</u>

Lead Review Completed: Ann Abby Jost

Staff: Nicci  
 Date: 1/6/22



Service Recipient: AJ  
 Service Span: Dec 21 - Nov 22

Outcomes:

<b>Outcome #1:</b> <u>Communication skills</u> Summarize Steps: <u>will get out flash cards, say it in Spanish, then in English</u>
<b>Outcome #2:</b> <u>Outing participation 1x a month</u> Summarize Steps: <u>will go over, pick one out per month</u>
<b>Communication Style:</b> <u>Verbal/Spanish/English</u>
<b>Learning Style:</b> <u>showing/demonstrating</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>n/a</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History - no meds @ PAI</u>	
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs help cutting up his food</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>n/a - offer help when needed</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street Safety</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will help clean glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>n/a</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	
<b>Important to:</b> <u>family w/ family, going to work, having a job, people to chat with</u>		
<b>Important for:</b> <u>well opportunities, community engagement</u>		
<b>Likes:</b> <u>music, dancing</u>		
<b>Dislikes:</b> <u>jobs that are confusing</u>		

Lead Review Completed: Caitlyn Kelly, RS

Staff: Jesse Haug  
 Date: 12-30-21



Service Recipient: A.G.  
 Service Span: 12-21 to 11-30-22

**Outcomes:**

<b>Outcome #1:</b> <u>Communication flash cards</u>
Summarize Steps: <u>Say in both languages</u>
<b>Outcome #2:</b> <u>Pick/ Participate in an outing</u>
Summarize Steps: <u><del>xxxxxx</del></u>
<b>Communication Style:</b> <u>verbal: spanish &amp; english</u>
<b>Learning Style:</b> <u>showing/demonstrating</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes meds at Home to control</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help cutting food</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>Epilepsy</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u><del>xxxx</del></u>	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer assistance on uneven/slippery surfaces</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety from staff</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bilateral catarax glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
<b>Important to:</b> <u>living w/ Family, going to work, having people to chat with</u>	
<b>Important for:</b> <u>opportunities to work, engage in community, staff support w/ communication &amp; stay healthy</u>	
<b>Likes:</b> <u>Music dancing Mex Food working</u>	
<b>Dislikes:</b> <u>sometimes anxious with new confusing jobs</u>	

Lead Review Completed: Amalby JRP

Staff: Anna Pratt  
 Date: 12/30/21



Service Recipient: A. Go  
 Service Span: 12/1/21 - 11/30/22

Outcomes:

<b>Outcome #1:</b> <u>will get out flash cards</u> Summarize Steps: <u>say word in English then in Spanish</u>
<b>Outcome #2:</b> <u>pick participate in an activity</u> Summarize Steps: <u>pick</u> <u>participate</u>
<b>Communication Style:</b> <u>Verbal Spanish + English</u>
<b>Learning Style:</b> <u>showing</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx capus colostomy + medication at home</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut Food</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>Epilepsy</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer assistance when slipping or uneven</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model pedestrian + stranger safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no behaviors</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
<b>Important to:</b> <u>living w/ family, going to work, having a job, having ppl to chat w/</u>	
<b>Important for:</b> <u>opportunities to work, engaging in community, staff support w/ communication + health</u>	
<b>Likes:</b> <u>music, dancing, mexican food, walking</u>	
<b>Dislikes:</b> <u>possible trying a new, confusing job</u>	

Lead Review Completed: Amaly 1080

Staff: Courtney Kelly  
 Date: 12/30/2021



Service Recipient: Alvaro B C  
 Service Span: Dec 2021 - Nov 2022

Outcomes:

Outcome #1: <u>Spanish/ english flashcards</u> Summarize Steps: <u>flashcards</u>
Outcome #2: <u>Pick &amp; participate in community outing</u> Summarize Steps: <u>pick &amp; participate</u>
Communication Style: <u>english is second language, spanish first - verbal</u>
Learning Style: <u>demonstration</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>currently controlled, does have disorder, call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cutting up food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cutting up food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u><del>epilepsy</del> epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>other hand on uneven surfaces, bilateral cataracts</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety, stranger safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u><del>glasses</del> glasses - bilateral cataracts</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>living w/ family, going to work, having a job, having people to chat with</u>
Important for:	<u>having opportunities to work, engaging in community, staff support w/ communication</u>
Likes:	<u>music, dancing, working, mexican food</u>
Dislikes:	<u>trying new jobs</u>

Staff: Justyn  
 Date: 1/7/22



Service Recipient: Alvaro G  
 Service Span: Dec. 2021 - Nov. 2022

**Outcomes:**

<b>Outcome #1:</b> <u>Communication skills</u>
Summarize Steps: <u>Will get out flash cards, say in english and spanish</u>
<b>Outcome #2:</b> <u>Pick &amp; participate in an outing</u>
Summarize Steps:
<b>Communication Style:</b> <u>verbal spanish + english</u>
<b>Learning Style:</b> <u>showing &amp; demonstrating</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>had surgery, no meds here</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cutting up food</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cutting up food</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assistance on wet/slippy surfaces</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Important to:</b> <u>Family, work, job, socializing</u>	
<b>Important for:</b> <u>work, community, staff support, healthy</u>	
<b>Likes:</b> <u>music, dancing, mexican food, working</u>	
<b>Dislikes:</b> <u>new jobs to try to understand</u>	

Lead Review Completed: Caitany Kelly, PS

Staff: Dawn Nelson



Service Recipient: AG

Date: 12/30/21

Service Span: Dec. 21 - ~~Dec.~~ 30, 22  
Nov

Outcomes:

**Outcome #1:** Communication Skills  
Summarize Steps: Will get out flashcards, say it in Spanish then English

**Outcome #2:** Pick/Participate in 1 outing/month  
Summarize Steps: Will go over with staff to pick out 1 outing per month

**Communication Style:**  
verbal - Spanish / English

**Learning Style:**  
showing, demonstrating,

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of seizures, takes no meds @ PAI</u>	
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs help cutting up his food</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u> <u>staff w/ offer help on slippery / uneven terrain</u> <u>due to bilateral cataracts</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street Safety</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cannot self manage because of bilateral cataracts, staff will help (clean glasses)</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>living w/ family, going to work, having job, people to chat with</u>		
<b>Important for:</b> <u>having opportunities to work, engaging in community, staff support w/ communication</u> <u>staff support to stay healthy</u>		
<b>Likes:</b> <u>music (spanish) dancing, working mexican food</u>		
<b>Dislikes:</b> <u>likes everything but does not like new jobs that are confusing</u>		

Lead Review Completed: Dawn Nelson

Staff: Mont. Patrick



Service Recipient: AG

Date: \_\_\_\_\_

Service Span: ~~12/1/21~~ 12/1/21 - 11/30/22

Outcomes:

**Outcome #1:** Communication skill  
Summarize Steps: pick a flash card say in spanish and English

**Outcome #2:** pick and participate in a outing  
Summarize Steps: \_\_\_\_\_

**Communication Style:** verbal spanish / english

**Learning Style:** showing, modeling

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>med at home, corpus in 2000</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help cutting food</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epitcal</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offers assits with icy &amp; uneven surface, cataracts</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has glasses for help vision</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>living with family, go to work, have a job, having people to chat with</u>		
<b>Important for:</b> <u>having opportunity to work, enese in community, have staff support w/comm staff support to stay healthy</u>		
<b>Likes:</b> <u>music, dancing, mex food, working</u>		
<b>Dislikes:</b> <u>can be anxiety when doing new jobs</u>		

Lead Review Completed: Ann Kelly JDS

Staff: Amelie Lopez

Date: 12/30/21



Service Recipient: AGU

Service Span: 12/1/2021-11/30/2022

Outcomes:

**Outcome #1:** AVARO will choose a flashcard in english  
 Summarize Steps: he will state the word in Spanish first, the english

**Outcome #2:** participate in cutting and pick cutting  
 Summarize Steps: pick and participate in cutting

**Communication Style:** verbal, Spanish & english

**Learning Style:** visual demonstrations

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of seizures, medication controlled</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance in cutting food into bite-size <del>pieces</del></u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offer assistance on slippery or uneven terrain due to bilateral cataracts</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street and pedestrian safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses to help correct bilateral cataracts</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>living w/ family, going to work and having job, having people to chat w/.</u>	
<b>Important for:</b> <u>having opportunities to work, engaging in community, having staff support w/ communication, staff in place to stay healthy</u>	
<b>Likes:</b> <u>music (spanish), dancing, mexican food, working</u>	
<b>Dislikes:</b> <u>Man become anxious or frustrated when trying a new job. States he likes everything.</u>	

Lead Review Completed: Amelie Lopez LSSP

Staff: Shelley  
 Date: 12/30/21



Service Recipient: Alvaro G.  
 Service Span: Dec 21 - 11/22

Outcomes:

**Outcome #1:** flash cards - Spanish / English  
 Summarize Steps:

**Outcome #2:** Outing pick a participate  
 Summarize Steps:

**Communication Style:**  
Verbal Spanish / English

**Learning Style:**  
Showing

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes meds chisling</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food cut up</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food cut up</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff w/ open assistist due to catracts</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street Safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>family, work, job, socialize</u>
<b>Important for:</b>	<u>work, community, communication support</u>
<b>Likes:</b>	<u>music, spanish, dancing, stay healthy, mexican food, cooking</u>
<b>Dislikes:</b>	<u>new jobs</u>

Lead Review Completed: Ann Alley JDS

Staff: Souca  
 Date: 01/07/22



Service Recipient: Alvaro G.L.  
 Service Span: Dec 21 - Nov 22

**Outcomes:**

<b>Outcome #1:</b> <u>Spanish/english flashcards</u> Summarize Steps: <u>flashcards</u>
<b>Outcome #2:</b> <u>pick &amp; participate in community outings.</u> Summarize Steps: <u>pick + participate.</u>
<b>Communication Style:</b> <u>english is second language, spanish first verbal</u>
<b>Learning Style:</b> <u>demonstration.</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>currently controlled, no disorder, call 911</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cutting up food</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer hand on uneven surfaces, bilateral cataracts</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety, stranger safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses - bilateral cataracts</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>living w/ family, going to work, having a job, having people to chat w/</u>
<b>Important for:</b>	<u>opportunities to work, engage in community, staff support w/ communication.</u>
<b>Likes:</b>	<u>music, dancing, working, mexican food</u>
<b>Dislikes:</b>	<u>trying new jobs.</u>

Lead Review Completed: Anthony Kelly, ps

Staff: Erica W

Date: 12/30/21



Service Recipient: Alvaro G

Service Span: ~~Dec 2021~~  
Oct - 2021 - Dec 2022

Outcomes:

**Outcome #1:** Communication Skills

Summarize Steps:  
Will get out flash cards to practice Spanish and English

**Outcome #2:** Pick and Participate in a outing

Summarize Steps:  
Will pick one participate in a outing each month

**Communication Style:**  
Verbal, Spanish, English

**Learning Style:**  
Showing, Demonstrating

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of Seizure</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut food</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Offer hand due to Cerebral</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>only speaks some English</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b>	<u>living w/ family, going to work, having people to chat with</u>	
<b>Important for:</b>	<u>having opportunities to work, having staff's support</u>	
<b>Likes:</b>	<u>music, spicy food, dancing, working</u>	
<b>Dislikes:</b>	<u>not getting the hang of things</u>	

Lead Review Completed: Amelny ASD