

Staff: Soua Vangy
 Date: 12/09/21



Service Recipient: Paul Shaw
 Service Span: _____

Outcomes:

Outcome #1: use iPad daily to practice online shopping and accurately.
 Summarize Steps: IND shop on iPad and show/tell staff complete prompt/task. what he may want to buy. PAI staff can help figure out budget and tell/report to staff at home about what he wants to purchase.

Outcome #2: pick and participate in 1 comm. outing a month.
 Summarize Steps: staff present outings for the month and help schedule which outing Paul may like to go on.

Communication Style: verbal

Learning Style: verbal instruction and modeling.

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no known allergies.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no history of seizures.</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can chew and swallow thoroughly IND.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no special diet.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no chronic conditions</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>can not self manage his meds on time or accurately. Takes meds at home.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>not at risk.</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>not at risk.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensory moderate mid-high frequency hearing loss. Staff make eye contact w/ Paul when speaking w/ him.</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no behaviors.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not left alone at PAI.</u>
Important to: <u>help around house, living w/ foster parents, shopping, working.</u>	
Important for: <u>have opportunities to try new/more complex jobs, opportunities to incorporate in his community.</u>	
Likes: <u>help around house, live w/ foster parents, pop & snacks, work and country music.</u>	
Dislikes: <u>char mean, cards, people pass away, when people won't leave Paul alone.</u>	

Lead Review Completed: Cathryn Kelly

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Outcomes:

Outcome #1: _____

Summarize Steps:

Outcome #2: _____

Summarize Steps:

Communication Style:

Learning Style:

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:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	
Important for:	
Likes:	
Dislikes:	

Lead Review Completed: _____

Staff: Sava Vong
 Date: 12/09/21



Service Recipient: Roland Missling
 Service Span: _____

Outcomes:

Outcome #1: will have a 5-10 min. conversation daily w/ peer or staff.
 Summarize Steps: Redirect Roland when he is being negative and get him to socialize w/ peers/staff to help Roland get into habit of remembering good/positive thoughts.

Outcome #2: will review his work & wages w/ staff on payday, Friday.
 Summarize Steps: works various jobs w/ various pay wages so staff will go over paycheck and work list print out to understand about his rate w/ each job.

Communication Style: Verbal

Learning Style: Verbal instructions and practices

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: knows his allergies but trusts staff and doctors to know so he may not be able to voice/notice when
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He takes meds for his seizure disorder at home. given penicillin and sufa.
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: can eat IND and work through hard swallowing of IND.
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Diabetes and needs to avoid high fat/sugary salt foods. Staff encourage healthy food choices.
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: He can voice when something DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes right when in pain. He has diabetes, ^{something} doesn't feel and prone to blood clots, subdermal hematoma
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes meds @ home.
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supervision needed as he can be unstable when having pain in lower extremities.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: only needs help w/ calling for emergency help making healthy food choices and supervision when walking.
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: wears glasses to correct vision. He can self manage glasses and voice change in vision.
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Reminders to think positive and directly tell Roland that his behavior is inappropriate. If he argues w/ staff, staff should walk away.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Not left alone at PAI
Important to: work and make \$. Buying things @ home.	
Important for: Maintain health, follow diet to avoid further health concerns, have opportunities to work.	
Likes: working @ Dynamiz Air, dinner, music and when he worked on farm.	
Dislikes: classes, piece rate work, not being busy/having something to do.	

Lead Review Completed: Cathy Kelly

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Outcomes:

Outcome #1: _____

Summarize Steps:

Outcome #2: _____

Summarize Steps:

Communication Style:

Learning Style:

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:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	
Important for:	
Likes:	
Dislikes:	

Lead Review Completed: _____

Staff: Sova Vang
 Date: 12/28/21



Service Recipient: Tom Moreno
 Service Span: August 21 - August 22

Outcomes:

Outcome #1: Tom will wear/carry his communication device to PAI, work.
 Summarize Steps: the Tom & staff will make sure Tom has his communication device w/ him when transferring rooms. | floor, class & lunch.

Outcome #2: _____
 Summarize Steps: N/A

Communication Style:
Sounds, gestures, picture book.

Learning Style:
visual demonstration & verbal instruction

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>peanut butter & jelly, apple butter sandwiches</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PB + J and apple butter sandwiches. Has loose stools when eating these, is sensitive.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bowel incontinence. Staff help to toilet & clean up Tom as needed. remind to</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>NO meds @ PAI, can not manage meds on his own.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND w/ cares. may sometimes need help w/ incont.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He may get overwhelmed w/ environment and lock himself in restroom stalls. Limited vocab & communication so he needs staff when out.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment and wears glasses. Doesn't like to wear them.</u>
Behavior Support: <input type="checkbox"/> No <input 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>being able to communicate his needs, have others work w/ him using his communication book and opportunity to go out in community.</u>	
Important for: <u>opportunity to gain/maintain IND and learning to use his communication device</u>	
Likes: <u>music, spending time w/ mom, shopping, sandwiches.</u>	
Dislikes: <u>Not being able to communicate his needs and large crowds.</u>	

Lead Review Completed: Catherine Kelly

Staff: Sova Vang
Date: 12/28/21



Service Recipient: Jeannie Parks
Service Span: Feb 21 - Feb 22

Outcomes:

Outcome #1: will practice ASL every morning.
Summarize Steps: Staff will set up flashcards, video, etc. every AM for Jeannie to help her go over ASL to practice.

Outcome #2: will choose an outing to go on and participate.
Summarize Steps: Staff present monthly outings to Jeannie will pick one then attend outing chosen.

Communication Style:
verbal

Learning Style:
visual demonstration & verbal instruction

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>penicillin. wears ID bracelet w/ that info but cannot inform professional of her allergies.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can eat IND but needs reminders to eat slowly and chew thoroughly.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>caffeine sensitivity. to cannot identify what has caffeine.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chronic ear wax build-up and cataracts. can not identify hearing change from ear wax build-up & vision change w/ developing cataracts.</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>No meds @ PAI and can not manage meds IND & doesn't know what it's for.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>over friendly & trusting w/ strangers. Enjoys socializing and cannot communicate her her information in case of emergency.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing aids but cannot identify when it's not working or if it's from earwax. Not aware of vision changes.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can be verbally/emotionally aggressive. She knows she can seek out staff but may not be able to inform staff of situation accurately.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>positive encouragement, eating out to eat / for coffee, taking a break when needed, doing the right thing & being a good friend.</u>	
Important for: <u>Limited caffeine intake & consistent supports to talk through concerns.</u>	
Likes: <u>playing games, coffee, bowling, Dollar tree & getting her nails done.</u>	
Dislikes: <u>people telling her what to do & broccoli.</u>	

Lead Review Completed: Caitany Kelly

Staff: Sava Vang
 Date: 12/10/21



Service Recipient: Tiffany Kraemer
 Service Span: _____

Outcomes:

Outcome #1: Tiffany will spend 5-10 mins reading during downtime @ PAI
 Summarize Steps: During break staff present Tiffany a # of reading materials and help her choose.

Outcome #2: will ask @ to an individual of her choice each AM that she comes to PAI
 Summarize Steps: she will IND approach an ~~IND~~ individual and staff will engage with Tiffany and verbally remind her to work on her outcome.

Communication Style: ~~written~~ verbal

Learning Style: modeling

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can eat and chew thoroughly by herself.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tiffany's parents pack her lunch and request that when out on outing she doesn't have milk.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND in cares</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>not falls risk.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>likes to socialize and talk to strangers. Staff may need to redirect her and ensure she doesn't wander or talk to strangers.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not left alone @ PAI</u>
Important to: <u>outing w/ peers, family, dogs, opportunities to interact w/ kids, work opportunities.</u>	
Important for: <u>outings in the community, opportunity to work, opportunities to make more choices and opportunity to develop appropriate interactions.</u>	
Likes: <u>movies, trying new things, pony rides, mall walking and her friends.</u>	
Dislikes: <u>working at dynamiz air, peers talking about too much, and negativity.</u>	

Lead Review Completed: Cathy Kelly

Staff: Sora Vang
 Date: 12/17/21



Service Recipient: Mary Jo Otley
 Service Span: Jan 21 - Jan 22

Outcomes:

Outcome #1: will walk around, stand, stretch or elevate her legs IND for a few mins.
 Summarize Steps: Mary Jo will IND elevate her legs or ask staff for help to stand, walk during break for a few mins.

Outcome #2: will pick and participate in a community activity 1 a month.
 Summarize Steps: staff will present monthly outings & present any community activities when available to Mary Jo. she will choose & attend those.

Communication Style: verbal

Learning Style: visual demonstration & verbal instruction

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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gagging & choking risk. same.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders to slow down. Textured foods w/ her dentures makes her @ risk for gagging/ choking on her food.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not accurately & consistently take on her own. no meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>AI in bathroom cares, can wipe IND but may sometimes need help or assistance w/ pants/underwear</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>impaired balance and shuffles her feet when walking w/ walker. uses gaitbelt & walker, staff assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk of falling and may have trouble relaying details in an emergency.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, wears glasses to correct vision.</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>continue living w/ husband, find another place to live and for her & her husband to stay healthy.</u>	
Important for: <u>continue eating healthy, staying active, stay active in her community, and work opportunities.</u>	
Likes: <u>eating out for lunch w/ friends, food, Dollar Tree, cooking and baking.</u>	
Dislikes: <u>scary movies, cleaning, activities near large bodies of H2O, arguing, exercising.</u>	

Lead Review Completed: Caitlyn Kelly

Staff: Sava Vongy

Date: 12/14/21



Service Recipient: Blair Mercer

Service Span: _____

Outcomes:

Outcome #1: practice \$ SKILLS every AM.
Summarize Steps: staff will set up Blair's outcome \$ Blair will complete then staff will check. staff correct \$ go through any wrong answers.

Outcome #2: work on an educational collage once a week w/ staff
Summarize Steps: _____

Communication Style: verbal, simple yes or no Qs. or short Qs.

Learning Style: visuals \$ models

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can IND eat \$ cut food but may ask for help us some food is too tough.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>none @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can do IND</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NOT @ risk.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gets distracted easily \$ forgets road safety. can not identify if stranger is dangerous \$ can not answer in case of emergency.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses and needs help managing cleanliness of her glasses.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can get physically/verbally aggressive and pick @ her skin/lips. staff will try to keep her busy or give her space before trying to talk to her.</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Bathroom cares IND.</u>

Important to: iPad, parents, working.

Important for: patient staff that are receptive of Blair's feelings, choices when available, \$ set schedule to new on.

Likes: iPad, puzzles, eating out, sorting things out, going to the mall, researching animals / countries, cards, working \$ games.

Dislikes: when friendships don't work out, being pushed too far \$ doing something she doesn't want to do.

Lead Review Completed: Cathy Kelly

Staff: Sova Vang



Service Recipient: Elizabeth Jantzen

Date: ~~10/10/21~~ 12/10/21

Service Span: _____

Outcomes:

Outcome #1: Practice her home address everyday by writing then reading. ^{to staff}
Summarize Steps: Staff will set up outcome for her and she will write down her address then recite back to staff when done.

Outcome #2: will make transactions in the community.
Summarize Steps: Elizabeth will IND handle money w/ cashier w/ staff help/supervision. She would like to learn how to do more w/ IND when out and shopping/feeding.

Communication Style:
verbal

Learning Style:
visual demonstration, verbal instruction, practice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Morphine and difficulty coming back from anesthesia. PAI staff support not needed as she doesn't take</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic seizures: she can voice meds here if she's not feeling well. If she has a seizure staff will call and administer seizure med.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need help cutting up food into bite sized pieces.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose intolerant and doesn't understand which foods have dairy or not. She really likes dairy though.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO meds @ PAI, just reminders to have her brush her teeth.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can bathroom and brush teeth IND. needs reminders to brush teeth.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She likes to climb things and needs verbal reminders to not climb things if staff see her trying to.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she knows not to follow strangers and has a strong sense of direction. She needs help getting around and answering certain Qs in case of emergency.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has myopia and wears glasses. can IND care for them most of the time but staff may need to help remind her or assist w/ cleaning.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no behaviors</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not left alone @ PAI</u>
Important to:	<u>work on cards, good food to eat, and spend time w/ her parents.</u>
Important for:	<u>have staff support to eat healthy, be safe, and have opportunities to incorporate in her community.</u>
Likes:	<u>Games, salads, animals, affirmations & attention, and joking w/ others</u>
Dislikes:	<u>Dentist, people arguing, and being rushed.</u>

Lead Review Completed: Cathy Kelly

Staff: Sova Vandy
 Date: 12/31/21



Service Recipient: Julie Tint
 Service Span: August 21 - August 22

Outcomes:

Outcome #1: <u>will greet different staff/peer every AM using ASL</u> Summarize Steps: <u>Julie will IND greet staff/peer every AM upon arriving at PAI & staff will urge Julie to greet different people as needed.</u>
Outcome #2: <u>will work with staff on iPad skills 1:1 once a day.</u> Summarize Steps: <u>iPad set up @ Julie's desk, work with Julie on iPad skills after Julie arrives to PAI & is settled every AM.</u>
Communication Style: <u>Non-verbal ASL</u>
Learning Style: <u>simple instruction & practice</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>Seizure disorder. receptive of help w/ her seizures & visually shows signs of discomfort/pain. Hasn't had one in years.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can usually manage IND.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep. B carrier.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Doesn't understand her health diagnosis or associated risk factors.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have management skills to do IND.</u> <u>No meds @ PAI.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady gait. can walk IND but may reach out to staff for help when she feels unsafe.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>non-verbal & can not ask for help/communicate her information IND.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input 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>Family, staying active, working on gfree greeting cards.</u>	
Important for: <u>Monitoring her health needs, community involvement, making @ PAI w/ opportunities to work @ PAI.</u>	
Likes: <u>using iPads, family, working on cards, going on walks, eating out, spending time w/ friends.</u>	
Dislikes: <u>loud/disruptive behavior, not following rules, being sick/injured.</u>	

Lead Review Completed: Caitany Kelly

Staff: Sara Vandy
 Date: 12/31/21



Service Recipient: Hung Vo
 Service Span: July 21 - July 22

Outcomes:

Outcome #1: will personally hand \$ over to cashier when purchasing in community. Summarize Steps: staff presenting, Hung picks \$ & participates in outing, when he makes purchase he does so IN D w/ staff supervision.
Outcome #2: will participate in completing a problem solving @ on time mana-organizes what's priority over other tasks & show @ PAI. Summarize Steps: Staff present problem to Hung, Hung organizes what's priority over other tasks & show @ PAI. Staff staff & Hung go over answers together.
Communication Style: verbal, short phrases / yes or no Qs
Learning Style: visual demonstration & verbal instruction.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: seasonal allergies, takes meds for allergies & can voice his symptoms.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of seizures. Hasnt had one in years. would need 911 if he did have one @ PAI
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk of aspirating w/ straw or sippy cup. Remind Hung to focus on eating & to not talk
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral Palsy, muscle tightness & spasticity so he may need a break to destress. Transfers may be unsafe when he is extra tense. 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: Can not IN D manage meds. no meds @ PAI up.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can use a vinal w/ AI cares when peeing and AZ Hyger transfer when BM is needed. Clean up assistance is needed.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can not bear weight. He is ^{is needed} can not see below his waist & could get stuck on unsafe route or drive to fast.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hard to understand to others who aren't familiar & is friendly/trusting.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Glasses & needs help w/ cleaning / managing his glasses.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may get high anxiety or upset @ others then drive towards them fast or yell @ others.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: strong relationships, working & making \$, having varied activities @ community.	
Important for: continued support to live healthy & safe, opportunities to incorporate into community, continued work & opportunities.	
Likes: working on cards, attending book clubs, movies, the Twins, mall walking, bowling.	
Dislikes: people not taking the time to listen to him, when people pass away, when people yell at him.	

Lead Review Completed: Cathy Kelly

Staff: Sava Vang
 Date: 12/16/21



Service Recipient: Debbie Leo
 Service Span: _____

Outcomes:

Outcome #1: will plan and participate in 3 community activities every month.
 Summarize Steps: Staff will present monthly outings and help Debbie choose which one to go on. Then Debbie will be told when community activities like MME are available.

Outcome #2: will participate in a volunteer activity through PAI programming once a month.
 Summarize Steps: Debbie will be asked to help volunteer when opportunities are available.

Communication Style: verbal

Learning Style: model & verbal direction

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need help cutting food into bite-sized pieces.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A no diet</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>incontinence. Can IND ask for help or get changed - she wears pads.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can do cares IND</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may need redirection when upset or frustrated. She may seek out staff to talk to.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not left alone @ PAI</u>
Important to: <u>Friends & family, eating breakfast, her stuffed animals, and music</u>	
Important for: <u>making healthy diet choices, have opportunities to be w/ people she cares about, and getting enough sleep.</u>	
Likes: <u>breakfast, movies, eating out, being w/ friends</u>	
Dislikes: <u>chaos, conflict, arguments and loud noises.</u>	

Lead Review Completed: Cathy Kelly

Staff: Sova Vang
 Date: 12/17/21



Service Recipient: Hta Nguyen
 Service Span: March 21 - March 22

Outcomes:

Outcome #1: <u>will write about her day in her journal @ end of day</u> Summarize Steps: <u>At the end of the day Hta will IND write in her journal & show / tell staff she did her outcome.</u>
Outcome #2: <u>Will walk for 10 mins everyday after lunch everyday.</u> Summarize Steps: <u>After eating lunch Hta IND lets staff know she is going for her walk.</u>
Communication Style: <u>ASL, phrases (somewhat, pretty verbal)</u>
Learning Style: <u>verbal instruction & demo modeling</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Shellfish. May not realize some dishes may have it & unfamiliar people may have a hard time understanding her.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can manage IND</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Diabetes Type 2. Depends on others to administer & watch her diet.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Takes Metformin everyday @ lunch @ PAI. Staff administer & Hta IND takes med.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND cares</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Friendly & trusting. May not be able to identify dangerous people. Inconsistent pedestrian skills.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss in left ear and vision impairment.</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 checked="" type="checkbox"/> Yes	Describe Supports: <u>NOT alone @ PAI</u>
Important to: <u>exercise, working & watching TV.</u>	
Important for: <u>maintain healthy diet to help control her diabetes. Staying active in her community.</u>	
Likes: <u>TV, library, eating out, living w/ parents, working, vietnamese music, outings w/ PAI and her PCA.</u>	
Dislikes: <u>rude/mean people and being sick.</u>	

Lead Review Completed: Courtney Kelly

Staff: Soua Vang
 Date: 12/31/21



Service Recipient: Meng Yang
 Service Span: June 21 - June 22

Outcomes:

Outcome #1: <u>will take 5 min. walk at slow/controlled pace everyday @ PAI.</u> Summarize Steps: <u>Meng notifies staff when he's going for his walk, usually @ break time.</u>
Outcome #2: <u>once a month assist staff in teaching ASL class.</u> Summarize Steps: <u>Meng will help staff teach ASL class once a month when here @ PAI anyday between Mon-Wed when he's here.</u>
Communication Style: <u>ASL, verbal</u>
Learning Style: <u>visually & verbally</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>Hyponatremic seizures. Has headaches & hiccups as signs of oncoming seizure. He is aware & can voice when he feels one coming.</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't eat beef.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Langerhans cell H Histi-DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>osteocytosis, Cerebellar Ataxia & Central Diabetes Insipidus & Hypersomnia.</u> </u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not manage IND, no meds @ PAI.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Thoracic & Lumbar Scoliosis. Can walk IND but needs staff supervision on uneven</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hard to understand but can communicate in Hmong, English & ASL. He is friendly & social.</u> 1 grandpa.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has conductive hearing loss and cannot always hear well.</u>
Behavior Support: <input type="checkbox"/> No <input 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>ASL/SL, family & friends, Hmong music, art, organizing, work, and being in community.</u>	
Important for: <u>opportunities to work & make \$, remain/gain IND, to use/learn/teach ASL, staying away from danger.</u>	
Likes: <u>ASL/SL, Hmong music, teaching ASL, volunteering, egg rolls, pepperoni pizza, coffee, spending time in community.</u>	
Dislikes: <u>waking up too early, disrespectful people, mean people, danger.</u>	

Lead Review Completed: Catherine Kelly

Staff: Sova Vang



Service Recipient: Hanna Johnson

Date: 12/10/21

Service Span: _____

Outcomes:

Outcome #1: will help choose and participate in an outing once a month.
Summarize Steps: Staff will present monthly outing to Hannah to help her choose an outing she may like to go on.

Outcome #2: Will practice \$ skills by completing a \$ counting ws every AM.
Summarize Steps: After arriving Hanna will complete her \$ws and staff will check her answers and go over any that she got incorrect.

Communication Style: verbal

Learning Style: model \$ Verbal direction

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ciprofloxacin and cephalexin. Doesn't have self management skills to identify these meds IND. She is aware of her allergies.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can eat IND and chew thoroughly</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no diet</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can do IND</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs reminders as she easily gets distracted.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>no behaviors</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not left alone @ PAI</u>
Important to:	<u>access to work, having appropriate art projects, bowling, hanging out w/ friends/family</u>
Important for:	<u>hang out w/ her parents, bowling, coloring, help her parents w/ cooking. Have access work and appropriate support for employment opp.</u>
Likes:	<u>Animals, hanging out w/ friends/family, music, bowling, food and going fishing.</u>
Dislikes:	<u>Asparagus, cream of corn, aggressive/argumentative people, undefined tasks/expectations.</u>

Lead Review Completed: Caitany Kelly

Staff: Sora Vang
 Date: 12/15/21



Service Recipient: Mac Meron
 Service Span: August 21 - August 23

Outcomes:

Outcome #1: will practice making purchases in the community.
 Summarize Steps: Mac will choose outing w/ \$ involved. He will IND buy purchase items w/ staff supervision.

Outcome #2: Will accurately add coins
 Summarize Steps: IND sorts money & matches w/ amount given. Mac will call staff over to check when he's done.

Communication Style:
verbal

Learning Style:
simple instruction & practice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>is aware of his allergies & can usually self carry Epi-pen w/ himself. Staff may need to help admini-ster Epi-pen if he is to have a reaction. Alternaria, mold, grass, hair, pets, farm animals.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can eat IND but may not notice some foods need to be cut up / help w/.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>asthma, hydrocephalus, hypo-tonic, Klinefelter syndrome, osteopenia, history of pica. Can tell when he's tired and staff can report any issues to home.</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NO meds @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND cares</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Impaired balance & low endurance / muscle tone. Can walk IND but may need help and can IND ask for help.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May not be able to answer ID info. or under pressure. Does not consistently follow road safety / pedestrian rules. May not know who to ask for help in emergency.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses. Can wear & manage INDs but may not notice change in his vision / glasses cleanliness.</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>can N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>not left alone @ PAI : Bathroom cares IND.</u>
Important to: <u>working & making \$, his friends & family.</u>	
Important for: <u>having opportunities to work & stay involved in his community.</u>	
Likes: <u>working, games, country music, hanging out w/ friends, family and Vikings.</u>	
Dislikes: <u>being stuck and bored & people who start drama / unkind.</u>	

Lead Review Completed: Catherine Kelly

Staff: Sou Vang



Service Recipient: Brooke Shebstad

Date: 12/31/21

Service Span: August 21 - August 22

Outcomes:

Outcome #1: will use iPad & daily check in WS to record wBL weather & news & how Summarize Steps: Staff will verbally prompt Brooke everyday in AM when she arrives to grab WS & iPad to complete WS.	she is feeling for the day.
Outcome #2: will participate in practicing & skills while out in community. Summarize Steps: staff present monthly outing/community activities when available & Brooke will pick & participate & utilize/practice her skills w/ staff supervision/assistance.	
Communication Style: verbal	
Learning Style: verbal instruction & visuals	

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: N/A
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may need help cutting up food but can usually eat & manage IND.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypert thyroidism. Can adva- ate for herself and is willingly to accept help. 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: NO meds @ PAI. Can not accurately & consistently take meds IND.
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pedestrian safety. Can not identify dangerous/potential dangerous situations/people.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, wears glasses & may need help but can usually IND manage.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	people being mindful of her personal space, working & getting a paycheck, opportunities to be social & work.
Important for:	gain/maintain IND, working @ PAI, opportunity to continue building relationships w/ others, classes @ PAI, supported/encouraged in eating healthy!
Likes:	Arts/crafts, movies, food, being famous, cooking class, music, dancing, basketball, being w/ friends & family, BINGO, volunteer @ library, staying safe.
Dislikes:	storms, loud noises, bugs/ticks, inappropriate behavior, being alone @ PM, being touched, spicy foods, ketchup.

Lead Review Completed: Caitany Kelly

Staff: Sara Vang
 Date: 12/31/21



Service Recipient: Ann Strausburg
 Service Span: May 21 - May 22

Outcomes:

Outcome #1: will pursue seeing peers outside of work monthly. Summarize Steps: Ann will IND ask peer to hang out outside of work & report to staff when she does so. Staff will record in her book and check in when Ann hasn't checked w/ staff in a while.
Outcome #2: will check in with PAI staff whenever she meets, w/ VRS & update on PAI. Summarize Steps: Ann will IND update PAI staff whenever staff on how it was she has meeting w/ VRS then PAI staff record it & what she worked in her book. Staff can check in w/ Ann if Ann hasn't on until she finds job in community.
Communication Style: Verbal IND done so.
Learning Style: verbal direction

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: N/A
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND ^{error} IND not choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: overweight, diabetes, high cholesterol. can read food labels & identify healthy food but may need staff support to encourage.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Arm tremors (undiagnosed) DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes can IND identify when she may need a break.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can not accurately & consistently take meds IND. ND meds @ PAI.
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can not identify dangerous people, doesn't understand consequences to certain actions (stealing), history of lying about where she's been & w/ who.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: glasses for mild myopia but chooses not to wear them.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: maintain good health by eating well, stabilize BS, continued opportunities to work & have leisure time.	
Important for: working & trying new jobs, family, staying active in community, social relationships w/ peers	
Likes: working, spending time w/ family, asian food, music, cooking, using the iPad.	
Dislikes: drama w/ peers/friends, taking lots of classes @ PAI, rude people, interrupting her during work & easier jobs like A1 or A2.	

Lead Review Completed: Caitlyn Kelly

Staff: Sora Vang



Service Recipient: Angel McCubiston

Date: 12/14/21

Service Span: Dec. 20 - Dec. 21

Outcomes:

Outcome #1: will practice her # skills while @ PAI
Summarize Steps: PAI staff will have # worksheets # take # that Angel can use to help her better understand # complete her outcome.

Outcome #2: will invite peer of her choice to have lunch w/ her @ PAI, 1 a week
Summarize Steps: Angel will ask a peer to eat lunch w/ her every Friday.

Communication Style: verbal

Learning Style: verbal instruction # demonstration

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>penicillin # seasonal allergies. She is aware of her allergies but can not voice it in case of emergency. She will rely on staff support for that.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Makes her own lunches. staff may need to remind Angel to take small bites # completely chew.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>AD/HD, Migraines, Asthma, Laryngoma-DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes can manage IND w/ battery operated ^{lucia} med dispenser @ home.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>(NO)</u>	Describe Supports: <u>none @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can manage IND.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Not at risk.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can become uncomfortable in non-familiar places. won't be able to respond in case of the emergency.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>doesn't like loud places environment. She can IND take herself out of environment # let staff know if she needs to step out.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>AD/HD: can get overwhelmed about organization or difficulty finishing tasks. Staff support by redirecting or allowing her to step out or talk 1-1 w/.</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NOT left alone @ PAI</u>

Important to: Expressing herself, shopping, family, opportunity to work, being social, maintaining her relationships, validation + encouragement # her favorite foods.

Important for: staff patience, being offered choices, being part of decision making, making #, time to process # formulate answers # opportunity to be social.

Likes: shopping, music, fashion, technology, trying new things, laughing, having fun, joking around # being helpful.

Dislikes: loud things/noises, crowds, non-explained expectations # long car rides.

Lead Review Completed: Caitlyn Kelly

Staff: Sora Vandy
 Date: 12/10/21



Service Recipient: Karen Loven
 Service Span: March 21 - March 22

Outcomes:

Outcome #1: When Karen has conflict w/ staff, she will ask to speak in private or notify staff she is leaving room to talk to her program supervisor
 Summarize Steps:

Outcome #2: will work on a desired project 1-on-1 w/ staff once a week.
 Summarize Steps:

Communication Style: Verbal

Learning Style: verbal instruction & practice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can voice any pain or concerns w/ how she feels. she is aware of her allergies but can not accurately and IND take meds.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can eat and chew throughly IND.</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>packs her own lunches and can recognize foods w/ dairy as she is lactose intolerant & doesn't eat spicy food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Williams Syndrome and heart murmurs. She can recognize symptoms and voice her concerns. She will sit and staff will sit w/ her and if her heart rate is high for</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>PAI keeps her inhaler but Karen can communicate when she needs it and can IND administer herself.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND w/ canes</u> Smiling callign
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NO</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can provide ID info IND but may get lost when left IND and needs help w/ her inhaler when needed.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>wears hearing aids & glasses. Can IND manage but may need help w/ changing hearing aid batteries</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 checked="" type="checkbox"/> Yes	Describe Supports: <u>Not left alone @ PAI</u>
Important to: <u>family, dogs and having niece back in MN.</u>	
Important for: <u>Maintain health, be happy, continue to have opportunities in her community.</u>	
Likes: <u>coming to PAI, her staff, dogs, her family, shopping and watching TV</u>	
Dislikes: <u>Rude people, or when people say "you guys".</u>	

Lead Review Completed: Catherine Kelly

Staff: Sova Vang
 Date: 2/31/21



Service Recipient: Hollie Schvette
 Service Span: June 21 - June 22

Outcomes:

Outcome #1: <u>will hand \$ to cashier and obtain change & receipt on</u>
Summarize Steps: <u>Attend outing where she can make purchase</u> <u>community</u> <u>choose what she wants to purchase and make</u> <u>ating.</u> <u>purchase (NO w/ staff permission).</u>
Outcome #2: <u>practice # skills on iPad</u>
Summarize Steps: <u>every AM in homeroom Hollie will check out an</u> <u>iPad, staff assist Hollie w/ website then Hollie will use</u> <u>website to practice money skills.</u>
Communication Style: <u>verbal, short phrases</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>packs & prepares lunch from home</u> <u>Make sure it's cut bite sized otherwise staff will @ PAI!</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized dr pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd, Megacolon, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>chronic constipation, scoliosis, OCD, cerebral</u> <u>palsy.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can not self manage & no</u> <u>meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Transferred to restroom w/ transfer</u> <u>gait belt. If Hollie has BM, notify residence.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses walker and needs gait belt.</u> <u>staff transfer Hollie holding belt.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff walk w/ Hollie while holding</u> <u>gait belt and reminders to focus.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses & Hollie may wear reading</u> <u>glasses she purchased, make sure it's her prescription</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>picks @ hair & bites wrist/hand.</u> <u>glasses.</u> <u>Redirect & ask what's wrong. Verbal & physical</u> <u>aggression so I:1 w/ staff & help Hollie process</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>her feelings & problem</u> <u>N/A</u> <u>Solve.</u>
Important to: <u>spending time w/ family/friends, coffee, good food, electronics,</u> <u>looking nice, getting out into the community.</u>	
Important for: <u>having opportunity to work having new/varied oppor.</u> <u>to incorporate into her community, physical support to be safe & healthy.</u>	
Likes: <u>listening to music, snacks, watching the Simpsons, eating</u> <u>out & shopping.</u>	
Dislikes: <u>salads, veggies, misplacing her belongings, going to</u> <u>doc. appointments, getting hurt/sick and when peers tell her</u> <u>what to do.</u>	

Lead Review Completed: Courtney Miller

Staff: Szua Vang
 Date: 12/28/21



Service Recipient: Alex Rabideau
 Service Span: July 21 - July 22

Outcomes:

Outcome #1: Sign himself into PAI every AM w/ his name, date, time.
 Summarize Steps: Alex will IND or w/ one prompt or less to sign into PAI sign in book every AM when arriving to PAI.

Outcome #2: will check his blood sugar during break @ PAI w/ one or less.
 Summarize Steps: Alex will check his BS then notify staff when verbal prompt. done during break everyday.

Communication Style:
verbal

Learning Style:
Verbal reminders

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Diabetic & self manages very well IND.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Type I Diabetes. Can usually self manage w/ his CGM & insulin pump but may need help when he's showing symptoms of high/low blood sugar.</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>Can usually self-manage but may need assistance w/ protocol for when his pump alarm goes off.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>wears life alert pendant and is able to navigate familiar settings/communities IND.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Important to: <u>gain/maintain IND technology, maintaining diabetes, staying active (bike), consistency in rules & routine, opportunity to socialize regularly, be happy, volunteer to help others.</u>	
Important for: <u>gain/maintain diabetes, socializing w/ peers, manage diabetes, IND, opportunity to participate in the community.</u>	
Likes: <u>technology, old country music, brats, tacos, flying RC helicopters, video games, helping others, diet sodas.</u>	
Dislikes: <u>mean people, olives, mushrooms, cleaning, being bothered while working, changes in rules/routine.</u>	

Lead Review Completed: Cathy Kelly

Staff: Sara Vang
 Date: 12/20/21



Service Recipient: Anthony Q.
 Service Span: Jan 21 - Jan 22

Outcomes:

Outcome #1: Accurately demonstrate how to say 213 ASL phrases/Qs.
 Summarize Steps: Anthony sets up his ASL flashcards and demonstrate to staff 213 accurately every AM.

Outcome #2: _____
 Summarize Steps: _____

Communication Style: verbal, short phrases.

Learning Style: demonstration & verbal instruction.

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>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Manages IND.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____ DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have time, the self-management skills to take his meds.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND cares.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hip replacement in 2018, balance concerns. Uses a walk</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Relies on staff for directions and possible falls (uneven floors, ice, etc.).</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision and hearing. wears glasses & hearing aids everyday. may need help w/ cleaning.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>IND NIA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Important to: <u>coming to PAI to see his friends, living w/ his brothers, and watching TV (especially cartoons).</u>	
Important for: <u>continued support w/ his family, continued opportunities to work/be w/ friends, and staying active/mobile.</u>	
Likes: <u>SUS music, working @ PAI, pirates/ships, drinking tea, Cindy Lauper</u>	
Dislikes: <u>spinach, snow & rain.</u>	

Lead Review Completed: Cathy Kelly

Staff: Sara Vanev
 Date: 12/20/21



Service Recipient: Dan Petersdorf
 Service Span: May 21 - May 22

Outcomes:

Outcome #1: ~~3X a week use technology to learn his place of employment @~~
 Summarize Steps: staff have iPad ready for Dan & Dan IND looks up address @
 address iPhone # & copy onto paper. Dan shows staff when done.

Outcome #2: participate in volunteer 1 a month
 Summarize Steps: staff ask Dan if he would like to volunteer when opportunities are available. Dan will attend.

Communication Style:
Verbal

Learning Style:
verbal instructions

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tomatoes. sensitivity to skin of tomatoes. Any concerts, contact mom, Carol Petersdorff.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND management</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NIA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI but Dan cannot accurately & consistently do IND.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>IND cares</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>overly friendly and very trusting of people.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>impaired vision. wears glasses and may need help cleaning.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Important to: <u>mom/family/friends, his house, working, PAI staff, positivity</u>	
Important for: <u>remain busy, opportunity to work @ his job, interacting w/ friends & family, have support to remain as IND as possible.</u>	
Likes: <u>music, attending classes @ PAI, walks, dogs for walks, video games, exercising, health.</u>	
Dislikes: <u>Tomatoes, negativity, when peers mess w/ him and getting yelled at.</u>	

Lead Review Completed: Courtney Kelly