



Staff: Rey Cerogioni  
 Date: 2/2/22



Service Recipient: Shannon B.  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** Shannon will visit another room twice a week  
 Summarize Steps:

**Outcome #2:** Shannon will engage one on one with staff  
 Summarize Steps:

**Communication Style:** non-verbal, vocalizations, facial expressions, body movements, gestures

**Learning Style:** repetition

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>tylenol, tylenol 3, latex, cetra, seasonal allergies</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff are trained on her seizures protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>quarter sized pieces, verbal reminder to chew.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>one v. one help when needed</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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 no medications at PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assistance when walking *wheel chair in community</u> * check for bruising if falls on her knees
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel chair, model community setting</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>flippy at all times</u> <u>might take others jackets</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bite herself / verbally tell her to stop</u> <u>offer sensory items</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
<b>Important to:</b> <u>flippies, going on walks, visiting peers.</u>	
<b>Important for:</b> <u>can be in the hallway and visit. Encourage to participate</u> <u>offer</u>	
<b>Likes:</b> <u>flippies, taking walks, visiting, eating lunch</u>	
<b>Dislikes:</b> <u>not getting what she wants, uncomfortable clothes.</u> <u>sad songs, waiting to eat.</u>	

Staff: Danea Davis



Service Recipient: Shannon Buschmann

Date: 2/2/22

Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Visit another room 2x/wk  
Summarize Steps:

Outcome #2: Engage one-on-one w/ staff  
Summarize Steps:

Communication Style: non-verbal, vocalizations, facial expr, body movement

Learning Style: practice & rep.

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>Tylenol, Tylenol 3, Latex, Septra, Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will train on Seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut into quarter size pieces, verbal reminder to Chew</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full bathroom support, wears leotard under clothes</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hold hand while walking, verbal reminders to use handrails, check for injuries after dropping to knees quickly</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheelchair, encouraged to walk as much as possible practice pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>flippy (jacket)</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>may bite herself, verbally prompt to stop, can block, offer sensory items</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: flippies, walks, visiting peers,

Important for: visiting, be in hallway, participate

Likes: flippies, walks, visiting, eating

Dislikes: doesn't get way, uncomfy clothing, sad songs, waiting to eat

Staff: Gaines, Suzie  
 Date: 2/27/2022



Service Recipient: Shannon, B...  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: 9  
 Summarize Steps: Shannon will visit a room <sup>T</sup>x2 a week.

Outcome #2: Shannon will engage with one on one with staff.  
 Summarize Steps:

Communication Style: non-verbal, facial expression, body movements

Learning Style: participation

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>tylenol, #3, <del>per</del> seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff are trained.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food into quarter size bites, verbal tell to chew.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>full help</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hold hand while walking. hand over hand. <sup>wear gloves</sup></u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Use wheel chair, help with traffic safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>a flipper</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bite herself, tell verbal to "stop", offer sensory things to hands <sup>flap</sup> (busy)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>flipper, going for walk's, visiting peers, &amp; rooms.</u>	
Important for: <u>be in the hall way to visit. encourage to join a group.</u>	
Likes: <u>flipper's, walks, visiting, lunch time.</u>	
Dislikes: <u>dislikes what she can't have, waiting to eat, uncomfortable clothes, sad songs, going back into room.</u>	

Staff: John Gebhardt  
 Date: 2-2-22



Service Recipient: Shannon Buschman  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** Shannon will visit another room 2x weekly  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** Will engage 1 to 1 with staff  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
nonverbal. Uses vocals, facial expressions, gestures

**Learning Style:**  
With Practice and Repitition

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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Latex, Septra, Tylenol, Tylenol-3. Seasonal allergy</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has seizure disorder. Staff are trained on it.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut to 1/4 size pieces. Verbal reminders watch closely</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>Not available</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Not available.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in the bathroom,</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Give verbal reminders and use handrails</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has: unsteady Gait. Use wheelchair. Help her in traffic</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has clothes to carry and flip.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Occasionally bites her hands. Redirect. Offer support</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised Time.</u>
<b>Important to:</b>	<u>Flippers, walking, watching people</u>
<b>Important for:</b>	<u>sensory, safety,</u>
<b>Likes:</b>	<u>Flipping things, walking and eating lunch.</u>
<b>Dislikes:</b>	<u>Long walks, sad songs, long waits.</u>

Staff: Monica Green  
 Date: 2-21-22



Service Recipient: Shannon B.  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** will visit another room twice a week.  
 Summarize Steps:

**Outcome #2:** will engage 1:1 w/ staff  
 Summarize Steps:

**Communication Style:**  
non-verbal. vocalization. facial & Body gestures  
**Learning Style:**  
practice & repetition

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>tyndol &amp; T3 latex seasonal septera</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff trained</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into quarter size reminders to chew.</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>loni during lunch n/a</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>n/a</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: <u>full cares</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>holds hand when walking reminders of handrail</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>use wheelchair in community. model safety</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>flippy at all times.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer items to keep hands busy bites herself verbal reminders to stop</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	

**Important to:**  
flippy, walks, visiting peers in rooms

**Important for:**  
hallway time. encourage to participate

**Likes:**  
flippy walks. lunchtime

**Dislikes:**  
not getting what she wants uncomfortable clothes sad/slow songs

Staff: Nikki Kereluk



Service Recipient: Shannon B

Date: 2/2/22

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** will visit another room x 2/week

Summarize Steps:

**Outcome #2:** will engage 1:1 w/ staff

Summarize Steps:

**Communication Style:** non-verbal → vocalizations, facials, body gestures

**Learning Style:** practice and repeating

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>tylenol, tylenol 3, latex, septrax, seasonal</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder - staff trained on protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into quarter size pieces, verbal remind to chew, may throw cup</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 type="checkbox"/> No <input type="checkbox"/> Yes -	List & Describe Supports: <u>N/A</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 → if necessary staff @ PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance, wears leotard</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hold hand when walking, verbal reminders to look around</u> <del>*drops to knees*</del>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>use wheelchair in community. model pedestrian/traffic safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>flippy at all times</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bites herself → verbally tell her to stop / offer sensory items.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No time alone</u>
<b>Important to:</b> <u>flippies, walks, visiting peers in rooms</u>	
<b>Important for:</b> <u>hallway time/visiting, encourage to participate</u>	
<b>Likes:</b> <u>flippies, walks, visiting, lunch time</u>	
<b>Dislikes:</b> <u>doesn't get what she wants, uncomfortable clothes, waiting to eat, sad songs</u>	

Lead Review Completed: \_\_\_\_\_

Staff: Dennis Mow



Service Recipient: Shanon Buschman

Date: 2/2/22

Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: will visit another room twice a week

Summarize Steps:

Outcome #2: will engage one on one time with staff

Summarize Steps:

Communication Style: non verbal, vocalizations, facial expressions, body movements and gestures

Learning Style: practice and repetition

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>tylenol, tylenol-3, latex, septra, seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff trained on her seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food cut into quarter sized pieces, verbally remind her to chew</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input 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 type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in the bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need one on one when walking at times, verbal reminders</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>use wheel chair in the community, help with pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses flippy at all times</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may bite herself, verbally remind her to stop <sup>AFR</sup> <sub>sensory things</sub></u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: flippys, walks, visiting peers, other rooms

Important for: encourage to participate

Likes: flippys, walks, lunch time, visiting,

Dislikes: does not get what she doesn't get what she wants

Staff: Dan P.  
 Date: 2/2/22



Service Recipient: Shannon B.  
 Service Span: 2022

**Outcomes:**

**Outcome #1:** Visit another room 2x Week  
 Summarize Steps:

**Outcome #2:** Will engage 1:1 with staff  
 Summarize Steps:

**Communication Style:** nonverbal communicates with vocalizations, facial expressions, and gestures

**Learning Style:** Practice and repetition

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>tylenol, tylenol 3, latex, and septrax and seasonal allergies</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff are trained on protocol</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food cut into quarter sized pieces, verbally remind her to chew</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</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>needs full assistance</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs someone to hold hand. Verbal reminders to slow down</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs wheelchair in community, model good pedestrian behavior</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has to have flippy at all times</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sometimes bites her hand. Staff verbal redirect. offer sensory items</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have</u>	
<b>Important to:</b>	<u>Flippies, going on walks, visiting peers</u>	
<b>Important for:</b>	<u>be in hallway and visit. Encouraged to participate</u>	
<b>Likes:</b>	<u>Flippies, taking walks, visiting, lunchtime</u>	
<b>Dislikes:</b>	<u>when she doesn't get what she wants, uncomfortable clothing, sad songs</u>	

Staff: Renee Schmidt  
 Date: 2/2/2022



Service Recipient: Shannon Bushman  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** visit another room 2x week  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** Shannon will engage 1:1 with staff  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
non verbal - vocalization facial body movements  
**Learning Style:**  
praxis and repetition

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>Tylenol Tylenal 3 Intex Septra Seasonal</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff are trained on seizure protocol</u>
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut into quarter size reminder to chew</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 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>N/A</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A Not at PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistants</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hand assistance hand rail verbal cues</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair help w/ ped / comm safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Flippy</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Biting hand sensory item to keep hands busy</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

**Important to:**  
Flippy walks visiting others

**Important for:**  
in hallway/visit encourage to participate

**Likes:**  
Flippy's walks visiting lunch time

**Dislikes:**  
When she doesn't get what she wants fight & hit  
 wait to eat

Staff: Nancy Snyder  
 Date: 2-2-20



Service Recipient: Shannon Buschman  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Shannon will visit another room twice a week  
 Summarize Steps:

**Outcome #2:** Shannon will engage one on one with staff.  
 Summarize Steps:

**Communication Style:**  
Non-verbal - vocalization / facial expressions <sup>body movement/gestures</sup>

**Learning Style:**  
practice & repetition

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>seasonal tylenol, tylenol 3, loxapex, septra</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff are trained on protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Quarter size pieces of food, remind to chew</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>one-on-one during lunch</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in bathroom</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hold hand when walks, use handrails</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, practice traffic safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Flippy at all times,</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Biting, verbal stops, flat hand between hand; math</u> <sup>- sensory items</sup>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
<b>Important to:</b>	<u>Flippies, walks, visiting peers</u>
<b>Important for:</b>	<u>be in hallway? visit, encourage to participate</u>
<b>Likes:</b>	<u>Flippies, walks, visiting, lunch time</u>
<b>Dislikes:</b>	<u>Not getting what she wants, uncomfortable clothing sad songs, waiting to eat</u>

Staff: Kathryn Stein  
 Date: 2/2/22



Service Recipient: Shannon Buschmann  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** visit another room twice a week  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** spend one on one time with staff  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
vocalizations, facial expressions, body language, gestures

**Learning Style:**  
practice, repetition

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>Tylenol, Tylenol 3, Latex, cebra, seasonal allergies</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff are trained on her seizure protocol</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Quarter sized pieces, verbally remind her to chew</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 type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff hold her hand, hand rails, verbal reminders</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheelchair in community, model pedestrian and traffic safety</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Needs Pippy at all times,</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bites herself verbally remind her to stop, offer sensory items to keep hands busy</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>	
<b>Important to:</b> <u>Flippies, going on walks, visiting peers</u>		
<b>Important for:</b> <u>Being in hallway, visitings, encourage to participate</u>		
<b>Likes:</b> <u>flippies, walks, visiting, lunchtime, food</u>		
<b>Dislikes:</b> <u>not getting what she wants, uncomfortable clothes, sad songs, waiting to eat</u>		

Staff: Dave Toner



Service Recipient: Shannon Buschmann

Date: 2.2.22

Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Shannon will visit another room w/ 2 week.  
Summarize Steps:

Outcome #2: Shannon will engage with PAI staff time  
Summarize Steps:

Communication Style:  
Non-verbal, vocalizations, facial expressions, body movements + gestures  
Learning Style:  
Practice + repetition

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>Allergic to Tylenol + Tylenol 3, latex, Septia, seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff trained on protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut food into quarter size pieces, remind to chew,</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA (staff would give if necessary)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Fall care in the bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hold hand when she walks, Remind her to use handrail</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Use wheelchair in community. Model safety in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>give her jackets to flip</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>She will bite herself, offer sensory items</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Flippers, walks, visiting other peers.</u>
Important for:	<u>be in hallway to visit, encourage to participate, watches people.</u>
Likes:	<u>Flippers, walks, visiting, lunch-time.</u>
Dislikes:	<u>Does not get what she wants, uncomfortable clothes, Does not like to go back to room.</u>

Staff: Zach Weinmann



Service Recipient: Shannon Buschman

Date: 2-2-22

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** visit other room 2x weekly

Summarize Steps:

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**Outcome #2:** Spend 1:1 w/ staff

Summarize Steps:

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**Communication Style:** vocalizations facial expressions gestures

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**Learning Style:** Practice & Repetition

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>Allergic to tylenol, Tylenol 3, Latex, Septra Seasonal</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff trained on seizure protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food Quarter sized, verbal remind to chew</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 type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full Assist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Hold hand, Verbal Reminders</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model good behavior w/c</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Flippy</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bites Self</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
<b>Important to:</b> <u>Flippies, walks, visiting other rooms.</u>	
<b>Important for:</b> <u>Be in Hallway visit, encouraged to participate</u>	
<b>Likes:</b> <u>Food</u>	
<b>Dislikes:</b> <u>Not getting what she wants uncomfy clothes</u>	

Lead Review Completed: \_\_\_\_\_

Staff: Anna which

Date: 2/3/22



Service Recipient: Shannon Buschmann.  
Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Visit another room 2x week  
Summarize Steps:

Outcome #2: Spend 1:1 time with staff.  
Summarize Steps:

Communication Style:

Vocalizations, facial exp. body language. gestures.

Learning Style:

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>Tylenol, Tylenol 3, Latex, Ceptra, Seasonal</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff trained on seizure protocol</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Quarter size pieces, Verbally remind to chew</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>N/A</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hold hand, hand rails, verbal reminders</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheelchair in community. Model traffic/ped</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Needs flippy at all times.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer sensory items to keep bites herself, verbal reminder to stop. hands busy</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
<b>Important to:</b> <u>flippies, going on walks, visiting peers.</u>	
<b>Important for:</b> <u>being in hallway, visiting, encourage to participate.</u>	
<b>Likes:</b> <u>flippies, walks, visiting, lunch, food.</u>	
<b>Dislikes:</b> <u>not getting what she wants, uncomfortable clothes, sad songs, waiting to eat.</u>	