



Competency Tracking Form

Participant: Nezi O'Leary Annual Service Span: Dec '21 - Dec '22

Annual Meeting Date: 2.2.22 Date Assigned to Lead: 2.2.22

Competency Quiz Due for all Staff: 2.4.22

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

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

Date Completed	Initials	Full Name
2/3/22	AW	Anna Wrich
2/2/22	AD	Danea Davis
2-2-22	AG	Andrea Green
2-2-22	ZW	Zach Weinmann
2-2-22	JG	John Gebhardt
2.2.22	DT	Dave Turner
2/2/22	DP	Dan Popp
2/2/22	DM	Dennis Moua
2/2/22	KS	Dolly Stein
2/2/22	RS	Renee Schmidt
2-2-22	NS	Nancy Snyder
2/2/22	SG	Susan Gaines
2/2/22	RC	Rey Ceragioli
2/2/22	NK	Nikki Kereluk

Date Completed	Initials	Full Name
		Megan Willis (sub/float)
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Jess Gunderson
	KN	Kennedy Norwick

Date Uploaded to LMS: _____

Staff: Bey Ceragibin



Service Recipient: Nezi O

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: <u>visiting another program room</u> Summarize Steps: <u>show her, her visual</u>
Outcome #2: <u>choosing what music she wants to listen to</u> Summarize Steps:
Communication Style: <u>non-verbal, vocalizations, facial expressions</u>
Learning Style: <u>repetition and visuals</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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A no fork</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>given by trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompts when needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model community safety</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>	
Important to: <u>visiting, music, included, peers,</u>		
Important for: <u>being included, staff take time to understand her, choices positive environment</u>		
Likes: <u>music, chicken nuggets, soup, pizza, shopping, swimming, swinging</u>		
Dislikes: <u>changes in her routine, certain food textures, staff don't understand what she's trying to communicate.</u>		

Lead Review Completed: _____

Staff: Danea Davis



Service Recipient: ^{NEZI} Nezi O'Leary

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: Visiting another room
Summarize Steps: visuals for different rooms

Outcome #2: Choosing music
Summarize Steps: visual for different artists

Communication Style: non-verbal, pointing, vocalization, facial expression

Learning Style: rep., 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: <u>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to "slow down"</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no pork (religious)</u> <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>given by trained staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ^{ever}	Describe Supports: <u>independent, prompts when needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff assists with pedestrian safety</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>music, included, peers</u>	
Important for: <u>included, staff understand her, choices, positive envir.</u>	
Likes: <u>music, chicken nuggs, soup, pizza, shopping, pink, swimming, swinging</u>	
Dislikes: <u>routine change, certain food textures, not understood</u>	

Lead Review Completed: _____

Staff: Gaines, Suzie
 Date: 04/2/2022



Service Recipient: Nezi, Alean
 Service Span: _____

Outcomes:

Outcome #1: <u>visiting other rooms.</u> Summarize Steps:
Outcome #2: <u>Choosing what music to listen to.</u> Summarize Steps:
Communication Style: <u>Non-verbal, facial expressions. Some sign's. pointing</u>
Learning Style: <u>Visuals.</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 <u>N/A</u>	List & Describe Supports:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal to show down.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>no pork.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: 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>given by trained staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompts as needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Self</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff stays with staff at all times.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Non</u>	Describe Supports:
Important to: <u>visiting, music, included, peers,</u>	
Important for: <u>included, staff to understand her, choices, positive</u>	
Likes: <u>music, chicken nuggets, soup, pizza, shopping, swimming, swing like pink purple</u>	
Dislikes: <u>Changes, food tastes, staff doesn't understand what she wants, needs.</u>	

Staff: John Gebhardt



Service Recipient: Nezja OLeary

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: will visit another program room.
Summarize Steps:

Outcome #2: Choose what music to listen to.
Summarize Steps:

Communication Style:
Non verbal. Vocalizations, Face Expressions, Visuals, Points

Learning Style:
Through repetition and 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 <u>NA</u>	List & Describe Supports: <u>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal Prompts to slow down eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff prepare and assist.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Given by trained staff. Liquid, oral,</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff prompts. Ask her if assisting her</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Stays with the staff at all times</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time.</u>

Important to:
visiting, music, being included, her peers.

Important for:
Being included and understood. Having choices.

Likes:
A positive environment, Music, chicken, soups, shopping

Dislikes:
changes in routine, hard foods, when she is not understood.

Lead Review Completed: _____

Staff: ANDREA GREEN



Service Recipient: Nezi

Date: 2-2-22

Service Span: _____

Outcomes:

Outcome #1: visit other program rooms
Summarize Steps:

Outcome #2: choose what music she wants to listen to
Summarize Steps:

Communication Style:
nonverbal, facial expressions pointing

Learning Style:
visualize

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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal reminders to slow down smaller bites</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no pork</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 checked="" type="checkbox"/> Yes	Describe Supports: <u>trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompt as needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model and safety</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/a</u>	

Important to:
listening music being included peers

Important for:
included. take time to understand. choices. positive vibes

Likes:
music, chicken nuggets, soup, pizza, shopping swimming

Dislikes:
changes in routine, certain food tech, when staff cant understand her

Lead Review Completed: _____
nezi

Staff: Nikki Kereluk



Service Recipient: Neziha O

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: visiting another program room
Summarize Steps:

Outcome #2: choosing what music she wants to listen to
Summarize Steps:

Communication Style: non-verbal → vocalizations, facials, some ASL, visuals, pointing

Learning Style: repetition, 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 <u>-</u>	List & Describe Supports: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>-</u>	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A (no pork)</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>-</u>	List & Describe Supports: <u>N/A</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>given by staff @ PAI</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompts as needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>-</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model traffic/ped. safety</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>-</u>	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>-</u>	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>	
Important to: <u>visiting, music, inclusion, peers,</u>		
Important for: <u>inclusion, staff take time to understand her, choices, positive environment</u>		
Likes: <u>music, chicken nuggets, soup, pizza, shopping, swimming, swinging</u>		
Dislikes: <u>changes in routine, certain food textures, staff can't understand her</u>		

Lead Review Completed: _____

Staff: Dennis Mana



Service Recipient: Nezha'Leary

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: visiting another program room
Summarize Steps:

Outcome #2: choosing what music she wants to listen to
Summarize Steps:

Communication Style: non verbal, vocalization, facial features,

Learning Style: repetition and 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: <u>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No pork</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>given by trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent, but needs prompts, assist when needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>self manage</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stays with staff at all times</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>	

Important to: visiting, music, included, peers.

Important for: included, staff take time to understand her, choices, positive environment

Likes: music, chicken nuggets, soup, pizza, shopping, swinging

Dislikes: change in routine, certain food textures, staff can't understand what she is communicating

Staff: Daniel P
 Date: 2/2/22



Service Recipient: Nezhi
 Service Span: _____

Outcomes:

Outcome #1: visiting other program rooms
 Summarize Steps:

Outcome #2: choosing what music to listen to
 Summarize Steps:

Communication Style: Nonverbal, uses visuals

Learning Style: Visuals and repetition

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>NA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA - NO PORK</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</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>Given by trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompts as needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stay with staff at all times</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not have Unsupervised time</u>	
Important to:	<u>visiting, music, being included, peers</u>	
Important for:	<u>being included, staff take time to understand her, choices</u>	
Likes:	<u>music, CHX nuggets, soup, pizza, shopping, swimming, swinging</u>	
Dislikes:	<u>changes in routine, certain food textures, when feels misunderstood</u>	

Lead Review Completed: _____

Staff: Renee Schmidt



Service Recipient: Neziouary

Date: 2/2/22

Service Span: _____

Outcomes:

Outcome #1: visiting another program room
Summarize Steps:

Outcome #2: Choosing what music to listen to
Summarize Steps:

Communication Style: Non verbal facial expression VISUALS Point

Learning Style: repetition & visual

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: Verbal Slowdown	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO Pork	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Give by train staff	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Prompt	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assist stay w/ staff Red/comm safety	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none	

Important to: visiting music included peers

Important for: Included staff take time to understand how choice ^{POC @ environment}

Likes: MUSIC Chick Nugg Soap pizza Shopping Swimming/Swim

Dislikes: Change in routine food texture Staff not understanding what she is communicating

Lead Review Completed: _____

Staff: Monica Snyder

Date: 2-2-20



(T, W, TH)

Service Recipient: Nezi O'Leary

Service Span: _____

Outcomes:

Outcome #1: visiting other rooms
Summarize Steps:

Outcome #2: Choosing music to listen to
Summarize Steps:

Communication Style:
Non-verbal, vocalizations, pointing, visuals

Learning Style:
Repetition & 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 <u>NA</u>	List & Describe Supports:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports: <u>NO PORK</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	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>Given by staff -</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompts as needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assists - stays with staff</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>

Important to:
visiting, music, being included, plus

Important for:
included, staff take time to understand her choices positive environment

Likes:
music, chicken nuggets, soup, pizza, shopping, swimming swimming

Dislikes:
changes in routine, food textures, when staff doesn't understand her

Staff: Kathryn stem

Date: 2/2/22



Service Recipient: Nezi O'Leary

Service Span: _____

Outcomes:

Outcome #1: visiting another program room

Summarize Steps:

visual chart to choose from

Outcome #2: choosing what music she wants to listen to

Summarize Steps:

Communication Style:

nonverbal, vocalizations, facial expressions, pointing

Learning Style:

repetition, 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: <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>Verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A - NO PORK</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>Given by trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent, prompts as needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model pedestrian and traffic safety, stays with staff</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>	
Important to: <u>visiting, music, being included, peers</u>		
Important for: <u>being included, staff take time to understand her, choices, positive environment</u>		
Likes: <u>music, chicken nuggets, soup, pizza, shopping, girly things, swimming</u>		
Dislikes: <u>changes in routine, certain food textures, when staff can't understand what she's trying to communicate</u>		

Lead Review Completed: _____

Staff: Doree Tisaw

Date: 2.2.22



Service Recipient: Neziah Oleary

Service Span: _____

Outcomes:

Outcome #1: Visiting another program room.
Summarize Steps: Picture board to communicate.

Outcome #2: Choosing to hear music she wants too.
Summarize Steps: _____

Communication Style:
Vocalizations, some ASL, pointing

Learning Style:
Repetition, Visual

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>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal prompts to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Pork</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>given by trained staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompts as needed.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist, supervise, Model safe community skills</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not need have unsupervised times</u>
Important to:	<u>Visiting, music, inclusion, peers</u>
Important for:	<u>Inclusion, staff take time to understand her, choices, positive environment</u>
Likes:	<u>Music, chicken nuggets, soup, pizza, shopping, swimming, swinging</u>
Dislikes:	<u>Changes in routine, some food textures, staff unable to understand</u>

Staff: Zach Weinmann



Service Recipient: Nezina O'Leary

Date: 2-2-22

Service Span: _____

Outcomes:

Outcome #1: Visit Another room
Summarize Steps: use visual

Outcome #2: Choosing what music she wants to listen to
Summarize Steps:

Communication Style: Non-verbal, Vocalization, Visuals, Pointing

Learning Style: Visuals & Repetition.

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>verbal prompts to slow down</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO PORK No Pork</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Trained staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompt as needed</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist Model safe practices</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:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>	
Important to:	<u>Visiting, Music, Included, Peers,</u>	
Important for:	<u>Staff take time to understand ↓ choices, Positive environment</u>	
Likes:	<u>Music, chicken nuggets, soup, Pizza, Shopping, Swimming, Swinging</u>	
Dislikes:	<u>Routine changes, texting, Not being understood.</u>	

Lead Review Completed: _____

Staff: Anna Wrich
 Date: 2/3/2022



Service Recipient: Nezihao
 Service Span: _____

Outcomes:

Outcome #1: visit another Program room.
 Summarize Steps:

Outcome #2: Choose what music she wants to listen too
 Summarize Steps:

Communication Style: SOME ASL.
non-verbal - vocalizations, facial exp. Visuals, Pointing

Learning Style:
repetition, 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: <u>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Provide verbal Prompts to slow down.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO PORK</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</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>given by PAI staff.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prompts as needed.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>—</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model traffic / ped. safety.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO alone time</u>
Important to: <u>visiting, music, inclusion, peers</u>	
Important for: <u>Inclusion, staff take time to understand her. choices. Positive environment.</u>	
Likes: <u>music, chicken nuggets, soup, pizza, shopping, swimming, swinging.</u>	
Dislikes: <u>changes in routine. certain food textures. when staff can't understand her.</u>	