Competency Tracking Form

Participant: _Madrid Castrejon_____Annual Service Span: December 2021 to December 2022

Annual Meeting Date: _1/18/2022_____ Date Assigned to Lead: __1/26/2022_____

Competency Quiz Due for all Staff: _____

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
1/26/22	AW	Anna Wrich
		[redacted]
1-26-22	AG	Andrea Green
1-26-22	ZW	Zach Weinmann
1/26/22	JG	John Gebhardt
1-26-22	DT	Dave Turner
1/26/22	DP	Dan Popp
1/26/22	DM	Dennis Moua
1/26/22	KS	Dolly Stein
1/26/22	RS	Renee Schmidt
1-26-22	NS	Nancy Snyder
1/26/2022	SG	Susan Gaines
1/26/2022	RC	Rey Ceragioli
1/26/22	NK	Nikki Kereluk

Date Completed	Initials	Full Name
		Megan Willis (sub/float)
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Jess Gunderson
		Kennedy Norwick
1/26/22	DD	Danéa Davis
[redacted]		

Date Uploaded to LMS: _____

Staff: Rey Ceragioli
Date: 1/26/22

PAI

Service Recipient: Madrid C.
Service Span: _____

Outcomes:

Outcome #1: madrid will go on food outings Summarize Steps: 2 outings each month, staff will track if he goes or doesn't go	
Outcome #2: Attend music therapy Summarize Steps: staff will tell Madrid "it's time for music therapy". staff will record if he goes and how hong	
Communication Style: vocalizations, body language	
Learning Style: simple verbal and modle the skill or task instructions	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies. Contact parents if it bothers him
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: food will come prepared, staff will cut food if requested
Specialized Diet: ☒ No ☐ Yes	Describe Supports: staff will reframe from giving Madrid sweets at PAI
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Asthma (history) DNR/DNI: ☒ No ☐ Yes heart mermore contact guardian if he's having trouble breathing
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff will assist
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff will supervise and help when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff will give reminders if he's walking too fast
Community Support: ☒ No ☐ Yes	Describe Supports: provide supervison and deminstrate public saffey
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: calm tone, clear offer him a weighted blanket, deep breathing, minupulives
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: has none
Important to: routin, family, adventures, positive reinforcements yogurt.	
Important for: routin, doing different things, his toys	
Likes: swimming, bike, walking the dog. swinging in the hammack being outside	
Dislikes: going to dads,	

Lead Review Completed: _____

3. madrid will work on 3 word phrases

When Madrid needs something goes to staff

"I want yogurt"

"need to use bathroom"

Staff: Danea Davis

Date: 1/26/22

Service Recipient: Madrid Castor-John

Service Span: _____

Outcomes:

Outcome #1: Madrid will go on food outings Summarize Steps: Staff will sign Madrid up for 2+ food outings each month
Outcome #2: Madrid will attend music therapy Summarize Steps: When time for music therapy, staff will tell Madrid "it's time for music therapy"
Communication Style: Mostly non-verb, body lang., vocalizations
Learning Style: learns best when staff use simple verbal instructions & model skill, task, or behavior

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: has seasonal allergies. will notify parents
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Food comes prepared. Staff will cut food into bite size if requested
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Staff will refrain from giving too many sweets
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: asthma, heart murmur DNR/DNI: ☑ No ☐ Yes h/o asthma. notify gurdians of breathing issuess immediately
Medication at PAI: ☑ No ☐ Yes	Describe Supports:
Personal Cares: ☑ No ☐ Yes	Describe Supports: Supervise in the bathroom & assist as needed
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: ~~Supervise~~ remind Madrid to slow down & walk safely
Community Support: ☑ No ☐ Yes	Describe Supports: PAI transportation
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: offer weighted blanket for relaxation, deep breathing, redirect firm/calm tone
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:
Important to: routine, spending time w/ family, "adventures", positive encouragement/ praise, manipulatives, seeing smiles/laughing, his yogurt	
Important for: routines, having his toys, doing different things	
Likes: Cars, swimming/LA Fitness, riding trike, walking dog, hammock	
Dislikes: going to "dad's" (is fine once there)	

Lead Review Completed: _____

Outcome #3 Madrid will work on repeating 3-word phrases

When Madrid wants something, staff will state 3-word phrase
Track attempts to repeat

Staff: Gaines, Sutie
Date: 1/26/2022

PAI

Service Recipient: madrid Casterjon
Service Span: _____

Outcomes:

Outcome #1: madrid will go on food outing.
Summarize Steps: He will go twice a month. Staff will sign him goes. Staff will track.

Outcome #2: music therapy.
Summarize Steps: staff will tell him it's time to go. How long he will/would go.

over #3 →

Communication Style: · non verbal.
· body language.

Learning Style: · Staff will use simple communication.
· model the skill or task.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: has seasonal allergies. will notice parents
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: food will cut into bite size
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will refine from to many sweet's
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: · heart murmer · history of asthma · any breathing issues. can parents. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: does not at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will assit when needed in bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff reminders to slow down if running/walking to fast
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will keep eye on him when out in community. Rule.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Staff a way to "blanket". · deep breathing · Cedect.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: doesn't get any

Important to: reunion, family, postive encouragment, yogurt,

Important for: reunites. toys, doing different things.

Likes: cars, swimming, 3 wheel bike, walking the dog, swing: running errors/outside.

Dislikes: going to Dad's.

Lead Review Completed: _____

#3 / repet. 3 word sentences.

When he wants something. "I need bathroom." I want food". Staff will track the outcomes.

Staff: John Gebhardt

Date: 1-26-22

Service Recipient: Madrid Casterson

Service Span: _____

Outcomes:

Outcome #1: Madrid will go on a food outing.

Summarize Steps: staff will sign Madrid up for 2 food outings each month and chart when he goes on outing.

Outcome #2: will attend Music Therapy

Summarize Steps: staff to record if he attends and how long he attended Music Therapy

Communication Style: Vocals and body language.

Learning Style: uses simple verbal instructions and model the task or command.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: will notify parents if there's any symtoms.
Seizures: ☒ No ☐ Yes NA.	Describe Supports: NKA
Choking: ☒ No ☐ Yes	Describe Supports: Food is prepared. staff cut to bite sizes
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Refrain from giving excess foods.
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes Hx Asthma and heart murmur.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No Meds at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff to supervise and Assist if needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Give reminders to slow down.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff practice safety skills with Madrid
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Offer weighted blanket. Redirect him.
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports: N.A.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsurpervised Times.
Important to:	Routine, Family, Manipulatives. Going Outside
Important for:	His Routine. Doing different
Likes:	Yogurt, toys, cars, Swimming, Dogs, 3 wheel bike
Dislikes:	Going to Dads house.

* Out come 3 on back

Lead Review Completed: _____

Outcome #3 Madrid will say a 3 word phrase and repeat such as "go to bathroom" etc.
"I want fork," "Thats my Toy."

Staff: ANDREA GREEN
Date: 1.26.22.

PAI

Service Recipient: MC
Service Span: _____

Outcomes:

Outcome #1: Will go on food outings.
Summarize Steps:
Staff will schedule 2 food outings & Track if he goes or not

Outcome #2: attend music therapy
Summarize Steps:
tell him it's time for music therapy / #3 work on 3 word phrases / Track & work on

Communication Style:
nonverbal body language

Learning Style:
Staff will use simple verbal intrustions / model skill task

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Food comes prepared but will cut in bite size pieces
Specialized Diet: ☒ No ☐ Yes	Describe Supports: dont give alot of sweets
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes ~~Asthma~~ staff notify Asthma. home if having trouble breathing
Medication at PAI: ☒ No ☐ Yes	Describe Supports: @ Pai
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff supervise & assit when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Reminders to walk safely
Community Support: ☒ No ☐ Yes	Describe Supports: supervise & model safety behavior
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Offer weighted blanket. firm & calm tone
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to:
Routine family. adventures. postivie encouragment

Important for:
routine. having toy doing different things

Likes:
cars swimming walking dog running errands being outside

Dislikes:
going to dad's but fine when he gets there

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 1/26/22

Service Recipient: Madrid C.
Service Span: _____

Outcomes:

Outcome #1: go on food outings
Summarize Steps: sign up for 2 each month
track Y/N

Outcome #2: attend music therapy
Summarize Steps: tell him it's time
record Y/N (how long)

Communication Style:
non-verbal, body language, vocalizations

Learning Style:
simple/verbal, model skill, task

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal (contact parents)
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: comes prepared and cut on request
Specialized Diet: ☒ No ☐ Yes	Describe Supports: refrain from too many sweets @ PAI
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes asthma, heart murmur → notify parents (history)
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No meds @ PAI → given by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: supervise & assist when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: give reminders to slow down if needed
Community Support: ☒ No ☐ Yes	Describe Supports: supervision, practice pedestrian/traffic skills * intervene dangerous
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: offer madrid weighted blanket, deep breathing, calm tone, manipulatives
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No time unsupervised

Important to: routine, family, adventures, pos. encouragement, yogurt

Important for: routines, "toys", doing different things.

Likes: cars, swimming, bike, walking dog, hammock, errands, outdoors.

Dislikes: going to dad's

Lead Review Completed: _____

#3 - work on 3 word phrases
wants/needs something
staff speaks 3 word phrase
track y/N

Staff: Dennis Mave

Date: 1/26/22

Service Recipient: Madrid Casterjon

Service Span: _____

Outcomes:

Outcome #1: go out for food outings.

Summarize Steps: sign up for 2 food outings a month. Record on go or no go.

Outcome #2: will attend music therapy.

Summarize Steps: Record how long he went and if he attended

Communication Style: verbal, body language, vocalizations

Learning Style: use simple verbal instructions and model task or behavior

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: seasonal allergies. Notify parents if bothering him
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: cut food into bite sized pieces if need be. comes prepared
Specialized Diet: ☑ No ☐ Yes	Describe Supports: refrain from giving too many sweets
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes asthma, heart murmur. If issues with breathing notify guardians ASAP
Medication at PAI: ☑ No ☐ Yes	Describe Supports: given by staff if needed, No meds at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: independent, support as needed
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: remind to slow down, walk safely if running too fast
Community Support: ☑ No ☐ Yes	Describe Supports: model proper behavior in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: weighted blanket for relaxation or calming. Deep breathing, redirect with manipulatives, calm firm tone
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	manipulatives, family, routine, adventures, positive encouragement, seeing smiles/laughing
Important for:	routines, having his toys, doing different things
Likes:	cars, swinging, ride bike, walk dog, adventures with fam, hammock, outdoors, routines, spend time fam & friends
Dislikes:	going to dads (is fine once he gets there)

Lead Review Completed: _____

Out come #3 work on repeating 3-worded sentences.

When Madrid wants something, he will phrases.
State "I want yogurt."

Staff: Daniel P.
Date: 1/26/22

Service Recipient: Madrid C.
Service Span: _____

Outcomes:

Outcome #1: Will go on food outings
Summarize Steps: Sign up for at least 2 outings a month
Staff will track if Madrid did or didn't go

Outcome #2: Will do Music therapy
Summarize Steps: tell Madrid it's time for music therapy
Staff will chart if he did or didn't go and for how long

Communication Style:
nonverbal, Body language, 3 word phrases

Learning Style:
Simple verbal instruction, and modeling

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: has seasonal allergies
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: food will come prepared. Staff will cut into bite size pieces
Specialized Diet: ☒ No ☐ Yes	Describe Supports: refrain from giving too many treats
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Athsma, heart murmer. If trouble breathing call his mom
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Doesn't take meds here
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will supervise in bathroom and assist when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will give reminders to walk safely
Community Support: ☒ No ☐ Yes	Describe Supports: Provide supervision in community and model good pedestrian and community skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: offer Madrid weighted blanket, take deep breathes
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to:
routine, family, adventures, positivity, Yogert, manipulatives

Important for:
routine, trying different things

Likes:
Cars, swimming, riding his bike, walking dog, hamock, being outside

Dislikes:
going to dads.

Lead Review Completed: _____

Outcome #3

Madrid will repeat 3 word phrases

if Madrid appears to want something they will encourage Madrid to use 3 word phrases

Staff will record if Madrid used phrases

Staff: Renee Schmidt
Date: 1-26-22

Service Recipient: Madrid C.
Service Span: _____

Outcomes:

Outcome #1: Madrid will go on 2 food outings
Summarize Steps:
Staff will sign madrid up for 2 food outings each month
Staff will track outings

Outcome #2: Madrid will attend music therapy
Summarize Steps:
When madrid wants something,
Staff will track attempts

Communication Style: Mostly
Non verbal - Communicates with body language, vocalizations

Learning Style:
Simple verbal instructions and model the skill/task or behavior

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal allergies will notify parents if bothering him
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: food will come prepared Cut food into bite size
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Staff will refrain from giving too many sweets at PAI
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes asthma, heart murmur History of asthma if appears to be having issues with
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No meds at PAI if given
Personal Cares: ☑ No ☐ Yes	Describe Supports: Staff will supervise and assist when needed
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff will remind Madrid to slow down and walk safe
Community Support: ☑ No ☐ Yes	Describe Supports: Staff provide supervision & physical support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Staff will offer a weighted blanket
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: Does not get unsupervised time
Important to: routine, spending time with family	
Important for: routine, having his hammock	
Likes: Cars, swimming, riding 3 wheel bike, walking the dog	
Dislikes: Going to dads is fine once he gets there	

outcome 3
Madrid will work on 3 word phrase

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 1-26-22

PAI

Service Recipient: Madrid C.
Service Span: _____

Outcomes:

Outcome #1: Madrid will go on Food outings.
Summarize Steps:
2 outings each Month - track if he goes or NOT.

Outcome #2: Madrid will attend Music Therapy.
Summarize Steps: Tell him time for therapy - track if he goes & for how long.

Outcome #3: Madrid will work on repeating 3 word phrases - "I want yogurt" ie track if he attempts to repeat

Communication Style:
Mostly non-verbal, body language & vocalization

Learning Style:
Staff will use simple verbal instruction & model behavior

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal - notify parents if bothersome
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: Food come prepared - staff will cut when requested
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Staff should not give too many sweets
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes History of asthma, heart murmur, breathing problems - staff tell parents
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No meds at PAI - if needed by trained staff
Personal Cares: ☑ No ☐ Yes	Describe Supports: Staff will supervise and assist when needed
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: reminders to slow down and walk safely
Community Support: ☑ No ☐ Yes	Describe Supports: Staff supervision in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: weighted blanket, deep breathing, firm & calm tone
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: routine, family, adventures, praise, yogurt

Important for: routines, having his toy, doing different things

Likes: cars, swimming, riding bike, walking dog, errands

Dislikes: going to Dad's (fine when he gets there)

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 1/26/22

Service Recipient: Madrid Castjon
Service Span: _____

Outcomes:

Outcome #1: Will go on food outing.
Summarize Steps:
Choice of 2 food outings. Staff track if he goes or not.

Outcome #2: Will attend music therapy.
Summarize Steps:
Staff tell him time for music therapy. Staff track if he goes and for how long.

Communication Style:
mostly verbal, body language, vocalizations

Learning Style:
Simple verbal instruction, model skill/task on behavior

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal allergies
Seizures: ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: food comes prepared. bite sized pieces
Specialized Diet: ☒ No ☐ Yes	Describe Supports: can't have too many sweets at PAI
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Asthma, heart murmur DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NO meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff supervise and assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff remind him to "slow down" and "walk safely"
Community Support: ☒ No ☐ Yes	Describe Supports: staff will supervise and practice safety and community traffic skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: can offer weighted blanket, manipulatives deep breathing
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO unsupervised time

Important to: routine, family, adventures, positive encouragement

Important for: routines, "toys", doing different things

Likes: cars, swimming, 3 wheel bike, walking dog, hammock, running errands

Dislikes: going to dads (Fine once he gets there)

Lead Review Completed: _____

Outcome 3: will work on 3 word phrase.

Staff use 3 word phrase. staff track if he repeats it.

Staff: David Turner

Date: 1.26.22

Service Recipient: Madid Castejon

Service Span: _____

Outcomes:

Outcome #1: Madid will go on food outings

Summarize Steps:
- Staff will track if Madid goes on outing
-

Outcome #2: Madid will attend music therapy.

Summarize Steps:
- Will tell Madid it's time
- Staff will record if + how long.

Communication Style:

Mostly Non-verbal, body language, some vocalizations (verbal)

Learning Style:

Staff will use simple instructions + model skill w/ task

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Has seasonal allegeies. staff will report symptoms to parents
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: Food will come prepared - will cut food if he requests.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will refrain from giving too many treats to Madid.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Hx of Asthma, Heart Murmur, - any issues with breathing - staff will report DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No MEDS - If needed trained staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will supervise + assist as needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will remind Madid to slow down if unsafe.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide supervision and traffic safety skills.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Staff can offer Madid weighted blanket, breathing + offer manipulative
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: He does not have unsupervised time
Important to:	Routine, Family, adventures, praise, manipulative, yogurt
Important for:	Routine, Having toys, Variety in activities
Likes:	CARS, swimming, biking, walking dog, running errands, outside + home
Dislikes:	Going to Dad's.

Lead Review Completed: _____

outcome 3.

Madrid will work on 3 ~~p~~ word phrase

steps. Staff will say three word phrase "I want Yoquit"

Staff will track results

Staff: Zach Weinmann

Date: 1-26-22

Service Recipient: Madrid Castorjon

Service Span: _____

Outcomes:

Outcome #1: Madrid will go on food outings.

Summarize Steps: 2 outings each month

Staff record if he does/Does not

Outcome #2: Madrid will attend music Therapy

Summarize Steps:

Tell him it's time

Record if he goes

Madrid will work on three word Phrases

"I want yogurt" "Go to bathroom"

Communication Style: Non verbal, Body language, Vocalizations

Learning Style: ~~Staff~~ use simple verbal instructions

Modeling

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite size pieces at his Request
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Refrain from sweets.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ~~Asthma~~ Athsma, Heart murmer. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No meds here
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff supervise & Assist when needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Slow down / Walk safely
Community Support: ☒ No ☐ Yes	Describe Supports: Supervise and model Intervene in dangerous situations
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: weighted, Blanket, Manipulative, Clear directive
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Routine, Family, Adventures, Manipulatives

Important for: ↓ ↓ Doing different things

Likes: Cars, Swimming, walking dog 3-wheel bike, Running errands

Dislikes: Going to Dad's

Lead Review Completed: _____

Staff: Anna Wrich
Date: 1/26/2022

Service Recipient: ___MC_____
Service Span: _____

Outcomes:

Outcome #1: Madrid will go on food outings
Summarize Steps:

Staff will sign Madrid up for at least 2 food outings each month. Staff will track of Madrid does/does not go on the food outings.

Outcome #2: Madrid will attend music therapy
Summarize Steps:

When it is time for music therapy, staff will tell Madrid "It's time for music therapy".

Staff will record if Madrid attended and for how long.

Outcome #2: Madrid will work on repeating 3-word phrases (parent request)
Summarize Steps:

When Madrid wants something, staff will state a 3-word phrase (i.e. "I want yogurt" or "go to bathroom").

Staff will track if Madrid "attempts" to repeat the 3-word phrase.

Communication Style:

Mostly on-verbal, communicates with body language, vocalizations

Learning Style:

MC
~~Andrew~~ **learns best when staff use simple verbal instructions and model the skill/task or behavior.**

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: Has seasonal allergies. Will notify parents if allergies seem to be bothering him.
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☐ No ☐ Yes	Describe Supports: Food will come prepared. Staff will cut food into bite size pieces if he requests.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Staff will refrain from giving Madrid too many sweets at PAI.
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes asthma, heart murmur History of asthma. If Madrid appears to be having any issues with breathing, staff will notify his guardians immediately.
Medication at PAI: ☐ No ☐ Yes	Describe Supports: Madrid does not have medications at PAI. If the need did arise for Madrid to take a medication, medications would be given by a staff trained in medication administration.
Personal Cares: ☐ No ☐ Yes	Describe Supports: Staff will supervise Madrid in the bathroom and assist as needed.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff will remind Madrid to "slow down" and "walk safely" if he is walking/running too fast.
Community Support: ☐ No ☐ Yes	Describe Supports: Madrid utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Madrid while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Madrid and intervene on his behalf if a potentially dangerous situation were to arise. Staff will call 911 on Madrid's behalf in the event of an emergency.

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: ___MC_____

Service Span: _____

Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Staff can offer Madrid a weighted blanket for relaxation and calming. Staff can assist Madrid in deep breathing exercises. Staff can offer redirection with a manipulative, a firm/calm tone for clear directive, "walk safe", and positive tone for reinforcement. Staff will ensure that Madrid has as manipulative throughout the day.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: Madrid ~~Andrew~~ does not get unsupervised time
Important to: routine, spending time with family, "adventures", positive encouragement/praise, manipulatives, seeing smiles/laughing, his yogurt	
Important for: routines, having his "toys", doing different things	
Likes: Cars, swimming/LA Fitness, riding my three-wheel bike, walking the dog, going on adventures with my family, swinging in the hammock, being outside, running errands, routines, spending time with family	
Dislikes: Going to "dad's" (is fine once he gets there)	

Lead Review Completed: _____