



# Competency Tracking Form

Participant: Zachary Westrum Annual Service Span: January 2022 to January 2023

Annual Meeting Date: 1/20/2022 Date Assigned to Lead: 1/24/2022

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
		<del>Christie Petersen</del>
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
1/26/22	SG	Susan Gaines
1/26/22	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	<del>KS</del>	<del>Kristen</del>
1/26/22	JD	Janeia Davis

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

Staff: Rey Carajon  
 Date: 1/26/22



Service Recipient: Zach W  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: <u>Zach will go on food outings when he has the opportunity.</u> Summarize Steps: <u>Staff will help zach choose which food outings for the month record yes/no location/date</u>
Outcome #2: <u>Zach will assist in unlocking the ipad.</u> Summarize Steps: <u>Staff will help zach and zach doesn't help try again yes/no if yes then give him praise</u>
Communication Style: <u>verbal, echo</u>
Learning Style: <u>visual, hand over hand, first then language</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Zach might eat too quickly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, remind him to slow down. (might refuse food.)</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____ DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for anxiety (30 minutes or more)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help change if needed</u> <u>Staff will offer the bathroom multiple times a day</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model public safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud noise, offer quiet place, first then language</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Zach will scream when upset, give him options</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will check on zach when he's in the break space</u>
Important to:	<u>Snoopy, headphones, movies, choices</u>
Important for:	<u>recognize that he needs a break, choices,</u>
Likes:	<u>movies, disney movies, alone time, going out to eat.</u>
Dislikes:	<u>loud noises, drinking with no straw, going to the dentist</u>

Staff: Danea Davis



Service Recipient: Zach

Date: 1/26/22

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

**Outcomes:**

**Outcome #1:** Zach will go on food outings

Summarize Steps:  
Staff will assist Zach in signing up for food outings  
If he doesn't go, re

**Outcome #2:** Staff will assist in using iPad

Summarize Steps:  
If Zach helps: record yes & verbal praise  
If not: record no

**Communication Style:** verbal, echo

**Learning Style:** visual, echo, hand over hand, first/then language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not eat quickly &amp; take big bite</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, verbal to slow down &amp; take small bites</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN: lorazepam (anxiety)</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer the bathroom often, assist clothing change</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>intervene when need</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bothered by loud noises, first/then lang.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will scream, verbal cues, offer quiet space</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>check in if in break space</u>
<b>Important to:</b> <u>movies, breaks, snacks, snoopy</u>	
<b>Important for:</b> <u>choices, verbal praise, recognizes when</u>	
<b>Likes:</b> <u>movies, disney music, going out to eat, snoopy</u>	
<b>Dislikes:</b> <u>loud noises, dentist, drink w/o straw,</u>	

Lead Review Completed: KN

Staff: Gaines Steve  
 Date: 4/25/2022



Service Recipient: Zach Westman  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Zach food outings when  
 Summarize Steps: Zach will go on X2 food outings. If he goes staff will observe, and when. If "no" staff marks "no" why he didn't go.

**Outcome #2:** Zach assist to unlock iPad.  
 Summarize Steps: Staff will assist Zach help unlock iPad. Staff will help if Zach help. If Zach doesn't help staff marks "no" try again later.

**Communication Style:** Verbal

**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:
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Zach takes big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size piece. Small bites. Slow down</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lep. Penam - anxiety (over 30 minutes.)</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Zach fist then staff will assist in bathroom</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model safety rules.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud noise, headphones (always wears them) Always use 1 then 2.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Scream when upset. Staff will give redirects.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Zach in break space. Staff will check in on him.</u>
<b>Important to:</b> <u>movie, breaks, choices, shoosy, headphones.</u>	
<b>Important for:</b> <u>when he needs a break, choices, positive</u>	
<b>Likes:</b> <u>movie, going out to eat, music, shoosy.</u>	
<b>Dislikes:</b> <u>loud noise, drinking without straw, dentist.</u>	

Staff: John G. Oberholt



Service Recipient: Zach Westrom  
Service Span: \_\_\_\_\_

Date: 1-26-22

Outcomes:

**Outcome #1:** will go on food outings  
Summarize Steps: staff will record yes or no if he goes on food outings.

**Outcome #2:** will ask staff to help him with I pad.  
Summarize Steps: Staff will record when he asks for help or if he does not ask for help.

**Communication Style:** Verbal.

**Learning Style:** Echo, hand over hand, First, Then language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders to slow down, <sup>small</sup> sizes</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Track his food intake.</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</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>Has PRN for anxiety (Ativan) <sup>if agitated for</sup> 30 min or more</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer him verbal reminders during the day</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model pedestrian and Traffic safety.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Loud Noise bothers him.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will scream if upset. Offer him something</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff checks in on him regularly</u>
<b>Important to:</b>	<u>Movies, breaks, snoopy, choices, headphones.</u>
<b>Important for:</b>	<u>choices, and verbal praise, having breaks.</u>
<b>Likes:</b>	<u>Movies, snoopy, alone time, going out to eat</u>
<b>Dislikes:</b>	<u>Loud noise, drinking w/o a straw, The Dentist</u>

Lead Review Completed: KN

Staff: ANDREA GREEN  
 Date: 1-26-22



Service Recipient: ZW  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Food outings when he has the opportunity  
 Summarize Steps: Staff will schedule & track if he went w/ Reason

**Outcome #2:** will help staff unlocking iPad  
 Summarize Steps: give verbal praise & track if did so

**Communication Style:**  
Verbal (echo)

**Learning Style:**  
Visual echo hand over hand 1st & then

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat quick &amp; take big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into bite size Reminders of slow down</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>PRN</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offer bathroom using 1st &amp; then <sup>assist</sup> needed</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model safety behavior</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bothered by loud noises offer headphones or <sup>cover</sup> different</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>screams when upset.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>check in w/ him when in sensory room</u>
<b>Important to:</b>	<u>Movies breaks snappy headphones</u>
<b>Important for:</b>	<u>Recognize when break is needed choices &amp; verbal praise</u>
<b>Likes:</b>	<u>Movies disney songs, going out to eat alone time</u>
<b>Dislikes:</b>	<u>loudness dentist drinking w/ straw</u>

Lead Review Completed: KN

Staff: Nikki Kereluk



Service Recipient: Zachary W.

Date: 1/26/22

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

Outcomes:

<b>Outcome #1:</b> <u>food outings when given opportunity</u> Summarize Steps: <u>staff help sign up for 2 food outings</u> <u>record Y = location/date N = locations + why</u>
<b>Outcome #2:</b> <u>assist staff unlocking ipad</u> Summarize Steps: <u>provide assistance w/ numbers</u> <u>Y = verbal praise N = try again later</u>
<b>Communication Style:</b> <u>verbal, echolalia</u>
<b>Learning Style:</b> <u>visual, echo, hand/hand, first, then language</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat quickly / big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into bite size pieces "slow down"</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>PRN - lorazepam for anxiety</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer bathroom multiple times / day</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model ped / traffic safety * intervene in danger</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud noise → headphones, quiet space</u> <u>first-then language</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Scream → offer verbal cues, walks, drink</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff check in during breaks</u>
<b>Important to:</b> <u>movies, breaks, choices, snoopy, headphones</u>	
<b>Important for:</b> <u>recognizes break time, verbal praise, choices</u>	
<b>Likes:</b> <u>movies, disney, snoopy, alone time, restaurants</u>	
<b>Dislikes:</b> <u>loud noises, dentist, no straw, not enough time to process</u>	

Lead Review Completed: KN

Staff: Dennis Moore



Service Recipient: Zach Westrum

Date: 1/26/22

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

Outcomes:

**Outcome #1:** food outings when he has opportunity  
 Summarize Steps: assist with 2 food outings (sign up)  
staff record location and date, attended or not

**Outcome #2:** assist in unlocking iPad  
 Summarize Steps: record yes if zach helps push correct numbers.  
record no if he does not help.

**Communication Style:**  
verbal, echo

**Learning Style:**  
visual, echo, hand over hand, first then language

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat quickly take big bites, remind to take</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food</u> <u>cut to bite sized pieces, remind to slow down</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> <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	Describe Supports: <u>PRN - Lorazepam for anxiety</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offer zach bathroom, use "first then" language, if accident, assist with change</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u><del>none</del> N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model pedestrian / traffic safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bothered by loud noises, offer head phones and quiet space, "first inside voice, then iPad"</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>scream when upset, staff offer verbal choices, cues, (another space, walk, drink)</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>when in break space, check up on him</u>
<b>Important to:</b>	<u>movies, breaks, choices, snoopx, having head phones</u>
<b>Important for:</b>	<u>realizing when he needs a break, choices, verbal praise for completing tasks</u>
<b>Likes:</b>	<u>movies, funny songs, snoopx gangl out a rat, alone</u>
<b>Dislikes:</b>	<u>loud noises, dentist, dumbly w/o story, no time to process</u>

Staff: Daniel P  
 Date: 1/26/20



Service Recipient: Zack W.  
 Service Span: \_\_\_\_\_

**Outcomes:**

<b>Outcome #1:</b> <u>Go on food outings when possible</u> Summarize Steps: <u>assist with signing up for 2 outings</u> <u>If Zack goes staff will document where, and when.</u> <u>If not staff will document why</u>
<b>Outcome #2:</b> <u>Staff will assist in unlocking iPad</u> Summarize Steps: <u>If Zack opens it he will receive verbal praise</u> <u>If not, staff records "NO" and try again later</u>
<b>Communication Style:</b> <u>Verbal and echoes what he hears</u>
<b>Learning Style:</b> <u>Visual, echo, hand over hand, and "1st, then" language</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May eat quickly and take big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food cut into bite size pieces. Reminders to 'slow down'</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has lorazepam PRN for anxiety</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff offer Zack bathroom multiple times a day.</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model safety in community</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Battered by loud noises. Offer headphones or quiet place</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Screams when upset. Staff offer verbal cues and a quieter room</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>when Zack is in break space staff will check on him</u>
<b>Important to:</b> <u>movies, head phones, breaks and Snoopy</u>	
<b>Important for:</b> <u>recognizes when he needs a break, choices</u>	
<b>Likes:</b> <u>movies, disney songs, alone time, snoopy</u>	
<b>Dislikes:</b> <u>loud noises, the dentist, drinking without straw</u>	

Staff: Renee Schmidt  
 Date: 1-26-22



Service Recipient: Zach W.  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** will go on fondouting when he has  
 Summarize Steps: Staff will assist zach to sign up outings Staff will track location and Date

**Outcome #2:** Staff will assist Staff unlocking IPAD  
 Summarize Steps: If zach help verbal prais If no record try again later

**Communication Style:**  
Verbal echo

**Learning Style:**  
Visual Echo handover hand first then Language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat quickly and big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size piece Slowdown and small bites</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 PRN Lorazepam</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will offer BR multiple times a day</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model ped /comm Safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Loud noise offer head Phone quiet Place</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Scream when upset Staff will offer choices</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will check on zach when in bar</u>
<b>Important to:</b>	<u>movies break snappy head phones</u>
<b>Important for:</b>	<u>recognize when need break Choices Verbal Praise</u>
<b>Likes:</b>	<u>Movies Disney song going out to each alone time</u>
<b>Dislikes:</b>	<u>Loud noise dentist drinking without a straw</u>

Lead Review Completed: KN

Staff: Nancy Snyder  
 Date: 1-26-22



Service Recipient: Zach W  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** Zach will go on food outings  
 Summarize Steps: staff will assist - 2 food outings  
if GOES - yes / location / date - NO = location / reason why

**Outcome #2:** Zach will assist staff in unlocking iPad  
 Summarize Steps: - staff assists  
\* if Zach helps - verbal praise  
\* if NO - record - try again later

**Communication Style:**  
verbal / echo

**Learning Style:**  
visual / echo / hand over hand / 1st - then language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports:
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats quickly - takes big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food out into bite sz pcs - slow down</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	Describe Supports: <u>PRN - lorazepam / anxiety (30 mins or more)</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offers bathroom - 1st <del>then</del> language</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff modeling safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bothered by loud noises, offer quiet space</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>scream when upset - staff offers choices <span style="font-size: small;">(walk / drink)</span></u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff checks on him in break space</u>
<b>Important to:</b>	<u>movies, breaks, Snappy, headphones</u>
<b>Important for:</b>	<u>recognizes when he needs break, verbal praise</u>
<b>Likes:</b>	<u>movies, Disney, alone time, going out to eat</u>
<b>Dislikes:</b>	<u>loud noises, dentist, drinking w/out straw</u>

Staff: Kathryn Stern  
 Date: 1/26/22



Service Recipient: Zach Westrum  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** Will go on food outings  
 Summarize Steps: Staff will sign him up for outing. If he goes, staff record location and date.

**Outcome #2:** Will assist staff in unlocking the IPAD  
 Summarize Steps: If he assists in pressing correct numbers/helps he gets a yes. If NO, staff will try again later.

**Communication Style:**  
Verbal, echolalia

**Learning Style:**  
Visual, echo, hand over hand, first then language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eats quickly, takes big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, verbal reminders "slow down" "small bites"</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN - Lorazepam for Anxiety</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff offer him bathroom. First then language. Assist when needed</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model pedestrianism and traffic safety</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bothered by loud noise. Uses head phones. First then language</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>He screams when upset. Staff offer another space.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will check up on him while in</u>
<b>Important to:</b> <u>movies, <del>breaks</del> breaks, snoopy, headphones</u>	
<b>Important for:</b> <u>breaks, verbal choices, recognizes when he needs a break</u>	
<b>Likes:</b> <u>snoopy, going out to eat, alone time</u>	
<b>Dislikes:</b> <u>loud noises, dentist, not <del>enough</del> enough time to process</u>	

staff track food intake and sleep

Lead Review Completed: KN

Staff: Dave Timw



Service Recipient: Zach

Date: 1.26.22

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

Outcomes:

**Outcome #1:** Zach will go on food outings

Summarize Steps:  
 • Staff will help Zach to sign up for outings  
 • Record specific results;

**Outcome #2:** Zach will assist in getting IPAD opened.

Summarize Steps:  
 • Staff will provide assistance.  
 • Staff will record specific results.

**Communication Style:**  
Verbal, Echolalia

**Learning Style:**  
Visual, Echo, hand over hand, 1st then language

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Zach may eat too quickly &amp; take too big of bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will cut to bite size pieces.</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lorazepam for anxiety.</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer bathroom, 1st then language, change clothes with assistance</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model pedestrianism &amp; traffic safety. Assist with dangerous situations.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Quiet space, headphones, 1st then language.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>No, offer space, drink, walk</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>When Zach is in break space staff will check on him</u>
<b>Important to:</b>	<u>Movies, breaks, Snoopy, headphones</u>
<b>Important for:</b>	<u>Recognizes when he needs a break, choices + verbal <del>phrases</del> <sup>praise</sup></u>
<b>Likes:</b>	<u>Alone time, going out to eat, Snoopy, breaks</u>
<b>Dislikes:</b>	<u>loud noises, dentist, <del>the</del> drinking without straw,</u>

Lead Review Completed: kw

Staff: Zach Weinmann



Service Recipient: Zach Westrum

Date: 1-26-22

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

Outcomes:

**Outcome #1:** Food outings when opportune

Summarize Steps: sign up for 2 food outings  
staff record

**Outcome #2:** Zach assists staff in unlocking the iPad.

Summarize Steps: staff record if Zach helps and praise  
if No "N"

**Communication Style:** Verbal. Echolalia

**Learning Style:** Visual, echo, hand over hand, First-then

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat quietly &amp; Take big bites</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Lorazepam for anxiety</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offer multiple x day assist with changing clothes</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model &amp; Supervise. Intervene in dangerous situations</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Loud Noise, offer Head Phones</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal Cues, choices</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff check in on Zach in Break space</u>
<b>Important to:</b>	<u>Movies Breaks choices Snoopy Headphones</u>
<b>Important for:</b>	<u>Recognizes when he needs a break</u>
<b>Likes:</b>	<u>Movies, Disney Songs, Going out to eat</u>
<b>Dislikes:</b>	<u>Loud Noises, the dentist, Drinking without <del>going</del> a straw</u>

Lead Review Completed: KN

Staff: Anna Which

Date: 1/26/2022



Service Recipient: Zach Westrum

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

Outcomes:

Outcome #1: go on food outings when given opportunity.

Summarize Steps: staff help sign up for 2 food outings.

record Y- location/ date. N- location/why.

Outcome #2: assist in unlocking iPad

Summarize Steps: staff assist w/ numbers

Y- Verbal Praise N- try again later.

Communication Style:

Verbal echolalia

Learning Style:

visual, echo, hand/hand, first then language.

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>eats quickly, big bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into bite size. "slow down."</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN- Lorazepam, for anxiety.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer bathroom multiple times a day.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model Red / traffic safety * intervene in danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>headphone for loud noise. offer quiet space. first then language</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>if screams - offer verbal cues, walk, drink etc</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff check in on him when in break space.</u>
Important to:	<u>movies, break, choices, Snoopy, head phones</u>
Important for:	<u>recognizes when he needs a break, verbal praise choices</u>
Likes:	<u>movies, Disney, Snoopy, alone time, burger King.</u>
Dislikes:	<u>loud noise, Dentist, drinking w/o straw, not having enough time to process</u>