



Competency Tracking Form

Participant: Andrew Flynn Annual Service Span: December 2020 to December 2022

Annual Meeting Date: 12/20/2021 Date Assigned to Lead: 1/5/2022

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
1/7/22	AW	Anna Wrich
	CP	Chelsie Peterson
	AG	Andrea Green
	ZW	Zach Weinmann
	JG	John Gebhardt
	DT	Dave Turner
	DP	Dan Popp
	DM	Dennis Moua
	KP	Dolly Stein
1/10/22	RS	Renee Schmidt
	NS	Nancy Snyder
	SG	Susan Gaines
	RG	Rey Geragioli
1/10/22	NK	Nikki Kereluk

Date Completed	Initials	Full Name
		Megan Willis
		Anna Pratt
		Josh Snodie
		Jess Gunderson
	KN	Kennedy Norwick

Date Uploaded to LMS: _____

Staff: Rey Ceragioni
 Date: 1-5-22



Service Recipient: Andrew Flynn
 Service Span: Dec 01 - Dec 2022
2021

Outcomes:

Outcome #1: Andrew will shred paper
 Summarize Steps: "Andrew its time to shred" Yes-if shreds, No-if not

Outcome #2: Andrew will participate in gross motor activities
 Summarize Steps: staff will tell Andrew to exercise
Yes - 10 minutes of exercise No - doesn't work out

Communication Style: memics
verbal (repeats what is said to him) body language vocalizations

Learning Style: observation, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>seasonal, food allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need assistance in cutting his food in bite sized pieces.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gluten free diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>celiac, staff will help follow his diet</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>PRN at home + Day program for anxiety</u> <u>Anxiety has gotten worse, Latapipan</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assistance if having a BM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Andrew maybe unsteady going up + down hills, going up + down stairs, Running</u> <u>Verbal reminders to slow down.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will role model community safety and intervene in dangerous situations</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>[keep calm]</u> <u>Verbal prompts, treadmill, sensory activity</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>doesn't have up supervised time</u>
Important to: <u>able to follow routines, be active, have snacks(?)</u>	
Important for: <u>Independance, do not consume food with gluten, staying active</u>	
Likes: <u>warm hands, pet therapy, snacks</u>	
Dislikes: <u>small dark ^{closed} rooms, mazes, low branches</u> <u>spaces</u>	

Staff: Gaines, Subie
 Date: 1/6/2022



Service Recipient: Andrew, Finn
 Service Span: Dec. 2021 - Dec. 2022

Outcomes:

Outcome #1: <u>Andrew will shed paper.</u> Summarize Steps: <u>Time to tell Andrew it's time to shed. If he does writing yes, good job if no try again.</u>
Outcome #2: <u>Andrew will join gross motor. (Cardo excess)</u> Summarize Steps: <u>Andrew will time to excess - 10 mins. YES will be marked. if no, now will be marked. Try again.</u>
Communication Style: <u>Andrew is Verbal, but repeats everything said.</u>
Learning Style: <u>repetition.</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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal Allergies, Staff knows about it.</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut into small bite size bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Andrew gluten-free diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Andrew of celiac</u> <u>Staff will follow diet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prn - anxiety (la razepam)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Andrew will need staff help after having a B.M.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Andrew maybe unstable going down hill ^{up/down} stairs</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will roll model, follow rules.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>treadmill (B)</u> <u>walk (C)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>doesn't have any Unsupervised time.</u>
Important to: <u>follow routines, to be active, snacks,</u>	
Important for: <u>Independency, gluten-free food, active,</u>	
Likes: <u>Warm hands, Snacks, Pet shavers</u>	
Dislikes: <u>Small dark spaces, mazes low hanging branches.</u>	

Lead Review Completed: KN

Staff: John Gebhardt

Date: 1-5-22



Service Recipient: Andrew Flynn

Service Span: ~~parkway~~
Dec 2021 to Dec 2022

Outcomes:

Outcome #1: <u>Andrew will shred paper</u> Summarize Steps: <u>Text Andrew when is time to shred paper, Give him praise when accomplished,</u>
Outcome #2: <u>Andrew will do a cardio activity Exercise.</u> Summarize Steps: <u>Andrew exercise for 10 minutes, chart it,</u>
Communication Style: <u>Verbal, often uses body language,</u>
Learning Style: <u>observation and repetition.</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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>seasonal allergies, staff are aware of this,</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N.A.</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food needs to be cut to bite sizes,</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He is on a Gluten Free diet.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has Celiac Disease</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>staff to ensure he follows his diet,</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has a PRN for anxiety. (Ativan)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need partial assistance with BMs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May be unsteady on hills, and on stairways.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will Model and will interveance if a dangerous situation arises.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>offer sensory items, and Activities</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Reminders to keep calm, give prompts Have him use the tread mills.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He has no unsupervised time here.</u>
Important to:	<u>Follow Routines, be active, and have snacks.</u>
Important for:	<u>Independence, that he only eats Gluten Free items</u>
Likes:	<u>Warm hands, Pet Therapy, snacks,</u>
Dislikes:	<u>Mazes, low hanging branches, small dark spaces,</u>

Staff: ANDREA GREEN



Service Recipient: ANDREW F

Date: 1-5-22

Service Span: 12/2021 - 12/2022

Outcomes:

Outcome #1: Andrew will speak pa
 Summarize Steps:
tell him please him if he says no record & try again

Outcome #2: Andrew will participate in motor activity
 Summarize Steps:
Reminders to exercises if no try again

Communication Style:
Verbal (repeats words) body language

Learning Style:
observation

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>separated</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>▶</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Cutting food into bite size / Gluten Free</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>celiac - staff ensure to follow diet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>00 pen. lorazepam for anxiety</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist w/ BM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may be unstable on mills</u> <u>verbal reminders to slow down</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will role model</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>try treadmill or bike</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to:
able to follow his routine be active & to have snacks

Important for:
independence, does not eat food that is gluten

Likes:
warm hands pet therapy, snacks

Dislikes:
small dark spaces, mazes, low hanging branches

Lead Review Completed: KN

Staff: Nikki Kereluk



Service Recipient: Andrew Flynn

Date: 1/7/22

Service Span: 12/2021 - 12/2022

Outcomes:

Outcome #1: <u>Andrew will shred paper</u>
Summarize Steps: <u>tell andrew it's time to shred paper.</u>
<u>if he begins - record a "yes", if a "No" record and try again.</u>
Outcome #2: <u>will participate in a gross motor, cardio, activity</u>
Summarize Steps: <u>staff tell andrew its time to exercise, if he does, record "yes" (10 min.) if "No", try again</u>
Communication Style: <u>verbal - echolalia</u>
Learning Style: <u>observation and repetition</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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>—</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces - may need assistance cutting food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>* NO Gluten*</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>celiac disease - following dietary restrictions</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>independent - may need assistance w/ BMs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady on hills/stairs, may run from group ("slow down")</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>observe, model safety skills, intervene in dangerous situations</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>use treadmill or bike to help with anxiety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>*NO unsupervised time.</u>
Important to: <u>routines, being active, having snacks</u>	
Important for: <u>independence, NO gluten, keeping active</u>	
Likes: <u>warm hands, snacks, pet therapy, music therapy, sports</u>	
Dislikes: <u>Small dark close spaces, low hanging branches, mazes</u>	

Lead Review Completed: KN

Staff: Dennis Moore



Service Recipient: Andrew Flynn

Date: 1/5/22

Service Span: 12/2021-12/2022

Outcomes:

Outcome #1: <u>Andrew will shred paper.</u> Summarize Steps: <u>Tell Andrew it's time to shred. If Shreds record YES and praise, if NO record and try again.</u>
Outcome #2: <u>Andrew will participate in an gross motor cardio activity.</u> Summarize Steps: <u>Staff will tell Andrew it's time to exercise. If he exercises 10 min Yes will be marked. If NO, try again.</u>
Communication Style: <u>verbal, repeats (echo) mannerisms of others</u>
Learning Style: <u>observation and repetition</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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need assistance cutting food to bite sized pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gluten</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>celiac disease, follows dietary requirements</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>independent, may need assistance with BMs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>maybe unsteady on hills and stairs without assistance, may run (verbal reminders to slow down)</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff role model / intervene in dangerous situations</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>use treadmill or bike to help with anxiety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have unsupervised time.</u>
Important to: <u>follow routines, be active, have snacks</u>	
Important for: <u>independence, may not consume gluten food, keeping him active</u>	
Likes: <u>having warm hands, snacks, pet therapy, music therapy</u>	
Dislikes: <u>small dark close spaces, low hanging branches, mazes</u>	

Lead Review Completed: KN

Staff: Chelsie P
Date: 1-5-22



Service Recipient: Andrew Flinn
Service Span: Dec 21' - Dec 22'

Outcomes:

Outcome #1: <u>Andrew will shred paper</u> Summarize Steps: <u>Tell Andrew its time to shred, praise Andrew when shreds</u>
Outcome #2: <u>Andrew will participate in gross motor plan Cardio</u> Summarize Steps: <u>Staff will tell him its time to exercise</u> <u>mark Yes - mark no - try again</u>
Communication Style: <u>Verbal, repeats (mimics) Body lang.</u>
Learning Style: <u>observation and repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</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>Cutting food in Bite size pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>on gluten free diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Celiac disease</u> <u>Staff will insure insure to follow</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>Anxiety - PRN Lorazepam</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>only for BMS</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady stairs and hills, run with no regard</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model safety</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Treadmill?</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Follow routine, active, snacks</u>
Important for:	<u>Independence, Doesn't have food that's not gluten</u>
Likes:	<u>warm hands, pet therapy, Snacks</u>
Dislikes:	<u>low hanging branches, mazes, Dark corners</u>

Lead Review Completed: KN

Staff: Daniel P.
 Date: 1/5/22



Service Recipient: Andrew F
 Service Span: 12/20/21 - 12/22/22

Outcomes:

Outcome #1: Shred paper
 Summarize Steps: tell Andrew it's time to shred.
If he shreds record yes and praise him. If he doesn't record no and try again

Outcome #2: will participate in gross motor cardiac activity
 Summarize Steps: Staff tell Andrew it's time to exercise
If he does for 10 minutes record yes. If not record no

Communication Style: Verbal and repeats what he hears a lot

Learning Style: observation 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 checked="" type="checkbox"/> Yes <u>NN</u>	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <input checked="" 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>Small bite size pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gluten free</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Diagnosis of celiac staff ensure diet is followed</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN PRN Lorazepam for anxiety</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need assistance if has BM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may be unsteady on hills and stairs without rail</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will rolemodel</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>treadmill, walk, or bike can be offered</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have unsupervised time</u>
Important to: <u>follow routines, to be active, and to have snacks</u>	
Important for: <u>active, independence, and that his diet remains gluten free</u>	
Likes: <u>having warm hands, pet therapy, and snacks</u>	
Dislikes: <u>small dark closed places, low hanging branches, mazes</u>	

Lead Review Completed: KN

Staff: ~~Kennedy Norwick~~ Renee Schmidt



Service Recipient: Andrew Flynn

Date: 1/5/2021

Service Span: December

2021-December 2022

Outcomes:

Outcome #1: Andrew will participate in gross motor cardio activity
Summarize Steps: Staff will tell Andrew it time to exercise

Outcome #2: Andrew will shred paper
Summarize Steps: Staff will tell Andrew it time to exercise

Communication Style: Verbal, repeats echo mannerisms of others

Learning Style: observation and repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal Allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may need assistance cut food into bite size pieces
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gluten
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Celiac disease, follows dietary requirements
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN, Lorazepam for anxiety
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independence may need assistance
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: with staff assistance maybe unsteady on hills and stairs verbal reminders to slow down
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff role model/intervene in dangerous situations
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Use treadmill or Bike
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Doesn't have unsupervised time
Important to:	Follow routines, reactive have snacks
Important for:	independence may not consume gluten food keeping him active
Likes:	have warm hand snacks for therapy music
Dislikes:	small dark close spaces low hanging branches, mazes

Lead Review Completed: KN

Staff: Manny Snyder
 Date: 1-5-22



Service Recipient: Andrew Flynn
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: <u>Will shred paper</u> Summarize Steps: <u>- tell Andrew "time to shred" - if he doesn't shred - record & try again</u> <u>- Record yes and praise him if he shred</u>
Outcome #2: <u>will participate in gross motor / activity (cardio)</u> Summarize Steps: <u>Staff will tell Andrew time to exercise</u> <u>10 mins - yes in outcome - DOESN'T = NO - try again</u>
Communication Style: <u>Verbal, repeats what is said, body language</u>
Learning Style: <u>Observation & repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>seasonal, staff aware & trained</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>cut food into bite size pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gluten Free Diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Celiac Disease, staff insure he follows Diet</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN - Lorazepam</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist with BM's</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>runs without record - verbal reminders</u> <u>unsteady on hills - and up and down stairs</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will role model</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>treadmill (offer)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't have unsupervised time</u>
Important to: <u>follow routines, active, snacks</u>	
Important for: <u>independence, No Gluten Food, active</u>	
Likes: <u>warm hands, pet therapy, snacks</u>	
Dislikes: <u>Small dark places, lower-hanging branches</u> <u>mazes</u>	

Staff: Kathryn Stein
 Date: 1/5/22



Service Recipient: Andrew Flynn
 Service Span: 12/21-12/22

Outcomes:

Outcome #1: <u>Will shred paper</u> Summarize Steps: <u>tell Andrew it's time to shred. If he does, record yes and praise. If NO, record NO.</u>
Outcome #2: <u>will participate participate in gross motor cart/tae activity.</u> Summarize Steps: <u>tell him it's time to exercise. If exercise for 10 mins record YES. If not, record NO.</u>
Communication Style: <u>Verbal, repetitive, mimics others</u>
Learning Style: <u>observation and repetition</u>

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

Allergies: <u>ER vs</u> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes List & Describe Supports: <u>Seasonal allergies</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u> Describe Supports: <u>no seizures</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports: <u>small bite sized pieces</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports: <u>Gluten Free</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List & Describe Supports: <u>Celiac disease - staff help him follow diet</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>Staff assist with BM - getting clean</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports: <u>unsteady on hills and stairs without rail</u>	<u>verbal reminders to slow down</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports: <u>Staff will help if dangerous situation occurs</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes List & Describe Supports:	
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>doesn't have unsupervised time</u>	
Important to: <u>routine, active, snacks</u>	
Important for: <u>independence, being being active, not eating gluten</u>	
Likes: <u>Warm hands, pet therapy, snacks</u>	
Dislikes: <u>small dark closed spaces, low hanging branches, mazes</u>	

Lead Review Completed: W

Staff: Dave Turner
 Date: 1.5.22



Service Recipient: Andrew Flynn
 Service Span: Dec. 2021 - Dec. 2022

Outcomes:

Outcome #1: Andrew will shred paper
 Summarize Steps:
 Tell Andrew its "time to shred"
 Andrew shreds paper staff will record Y + praise Andrew
 IF Andrew does not shred staff will record N + try again.

Outcome #2: Andrew will participate in gross motor cardio activity.
 Summarize Steps:
 - staff will tell Andrew its time to exercise
 - IF exercises 10 minutes Y will be marked

Communication Style:
 Is verbal but mainly repeats anything said

Learning Style:
 observation + repetition

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Seasonal Allergies. Staff are aware + trained on Andrew's allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Andrew may need reminders assistance cutting his food into small bite-sized pieces.
Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Andrew is on a gluten-free diet
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Andrew has a dx of Celiac disease. Staff will ensure he follows diet
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: PRN Lorazepam for anxiety.
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: may need some assistance with bowel movement
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Verbal reminders to slow down. Andrew may be unsteady on hills + going up + down stairs without a hand rail
Community Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff will role model + also intervene if dangerous situation arises
Sensory Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Tread mill offer
Unsupervised Time: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	It is important that Andrew is able to follow routines. It is important to be active. Important to have snacks
Important for:	Independence, That he does not consume food that have gluten, Active,
Likes:	having warm hands, pet therapy + snacks
Dislikes:	Does not like small dark closed spaces. Does not like low hanging branches or mazes.

Staff: Zach Weinmann
 Date: 1-5-21



Service Recipient: Andrew Flynn
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: <u>Andrew will shred paper</u> Summarize Steps: <u>Staff will tell Andrew its time to shred</u>
Outcome #2: <u>Participate in gross-motor PA Cardio activity</u> Summarize Steps: <u>Staff say its time, if "he" goes ten minutes "Y" will be marked</u>
Communication Style: <u>Verbal Mimics, Body language</u>
Learning Style: <u>Observation & Repitition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need assistance cutting food Bite size:</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gluten Free</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Celiac</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>assistance with a bowel movements</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Andrew may be unsteady with uneven terrain Remind him to slow down</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model ped - safety. intervene</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
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:
Important to: <u>Andrew follow routines, be active, Have Snacks, &</u>	
Important for: <u>independence, <u>No</u> Gluten, activity</u>	
Likes: <u>Warm hands, Pet therapy, Snacks,</u>	
Dislikes: <u>Small enclosed spaces, Low-hanging branches, Mazes</u>	

Lead Review Completed: W

Anna Wrigh

Staff: ~~Kennedy Perwick~~



Service Recipient: Andrew Flynn_

Date: 1/5/2021

Service Span: December

2021-December 2022

Anna Wrigh

Outcomes:

Outcome #1: Andrew will shred paper. Summarize Steps: Tell Andrew its time to shred. if he shreds, record Yes, if Not, record N and try again.
Outcome #2: Andrew will participate in a gross motor cardio activity Summarize Steps: Staff will tell Andrew its time to exercise, if Andrew exercises 10 mins yes will be marked. if No, try again
Communication Style: Verbal- echo- mannerisms of other people
Learning Style: observing 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 checked="" type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: may need assistance cutting food into bite size pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gluten
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Celiac disease, follows dietary requirements 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: PRN Lorazepam for anxiety.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent. may need help w/ BM's
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: maybe unsteady on hills and stairs. may run-reminders to slow down.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff role model / intervene in dangerous situations
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: use treadmill or bike to help w/ anxiety.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME.
Important to: follow routines, being active, having snacks	
Important for: independence. Not consuming gluten. Keeping him active	
Likes: warm hands, snacks pet therapy, music therapy.	
Dislikes: small dark close spaces, low hanging branches mazes	

Lead Review Completed: EW