In-Service Training Log – Oakdale

Date: 2-8-2022

Type of Meeting: All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Kia B.			CSSPA-GB
.25	Emily E program Sup.			signing out meds for outings

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	~~BB~~		~~Bongard, Tyler~~
	AD		Diaz, Amanda
	Pd		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	NL		Larson, Nancy

Make up Date	Initial	EE ID	Last Name
	TL		Lorsung, Tristen
	SN		Nierad, Shelly
	JP		Pratt, Jalysa
	DST	2/9/22	St. Martin, Deb
	MS		Sweeney, Maurita
2-17	KP		Perry, Kathy

Make Up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
			Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

In-Service Training Log – Linden

Date: 2-8-22

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Kia B.			CSSPA-GB
.25	Emily E. Program Sup.			Signing out meds for outings

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy
	CAA		Anderson-Jones, Celeste
	KB		Bauch, Kia
	KMB		Bradshaw, Morgan
	SC		Christenson, Suzie
	AC		Cox, Alice
	MG		Gagner, Megan
			Hampton, Tony
			~~Harris, Ocla~~
	HA		Her, Bao
	MH		Hetchler, Maria
	NJ		Johnson, Natalie
	AH		Anthony H

Make up Date	Initial	EE ID	Last Name
	FK		Kalu, Festus
	MN		Larson, Nancy
	DL		Lepley, Deanne
	SM		Mafi, Sommer
	KM		Mason, Kanya
	DM		Mendez, Danielle
	CR		Rice, Colette
	ES		Sandstrom, Erin
	LS		Stacken, Laura
	JT		Trimble, Jenny

Make Up Date	Initial	EE ID	Admin Staff
	LH		Hiland, Lindsay
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
	AS		Shirley, Ashleigh

Competency Tracking Form
Linden Site

Participant: Gary Bayne **Annual Service Span:** January 2022-January 2023

Annual Meeting Date: January 28th, 2022 **Date Assigned to Lead:** _____ **Quiz Due:** _____

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*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
	BA	Airport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	SC	Christenson, Suzie
	AC	Cox, Alice
	MG	Gagner, Megan
	AH	Hampton, Anthony
	BH	Her, Bao
	MH	Hetchler, Maria
	LH	Hiland, Lindsay
	NJ	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	NL	Larson, Nancy

Date Completed	Initials	Full Name
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	Mason, Kanya
	DM	Mendes, Danielle
	CR	Rice, Colette
	ES	Sandstrom, Erin
	AS	Shirley, Ashleigh
	LS	Stacken, Laura
	JT	Trimble, Jennifer
	CA	Celeste Anderson Jones

Date Uploaded to LMS: 2/18/22

Competency Tracking Form
Oakdale

Participant: Gary Bayne **Annual Service Span:** January 2022-January 2023

Annual Meeting Date: January 28th, 2022 **Date Assigned to Lead:** _____ **Quiz Due:** _____

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*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.

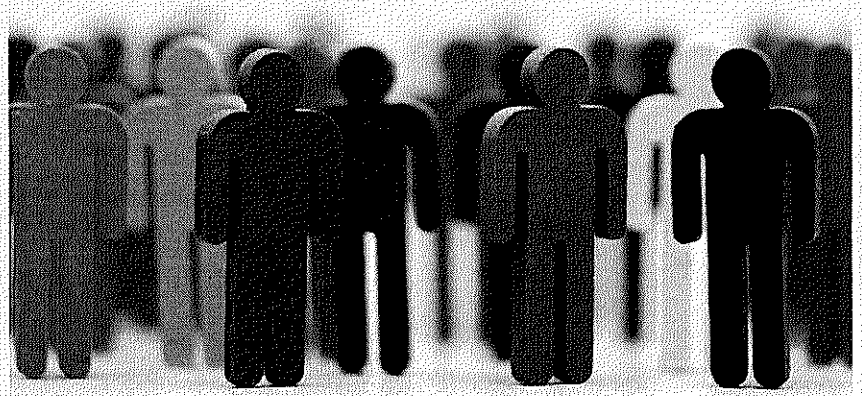
Date Completed	Initials	Full Name
	PD	Paris Dyer
	LH	Lisa Hartman
2/8/22	MS	Maurita Sweeney
2/8/22	TL	Tristen Lorsung
02/08/2022	AD	Amanda Diaz
2/18/2022	SB	Sara Berglund
2/8/22	JP	Jalysa Pratt
	EE	Emily Elsenpeter
2/8/22	TG	Trey Gould
2.8.22	AFM	Alfredo Fierro-Montes
2-17	KP	Kathryn Perry
2/8/22	MBP	Mari Basurto Poferl
2/8/22	NL	Nancy Larson
2/09/2022	LH	Lindsay Hiland

Date Completed	Initials	Full Name
2/14/22	SH	Shelly Hievad
2/19/22	DST	Deb St. Martin
2/17	KP	Kathy Perry

Date Uploaded to LMS: 2/18/22

PAI-Linden/Oakdale Team Meeting

2/8/2022



Welcome

Sign In

Introductions

A moment of gratitude

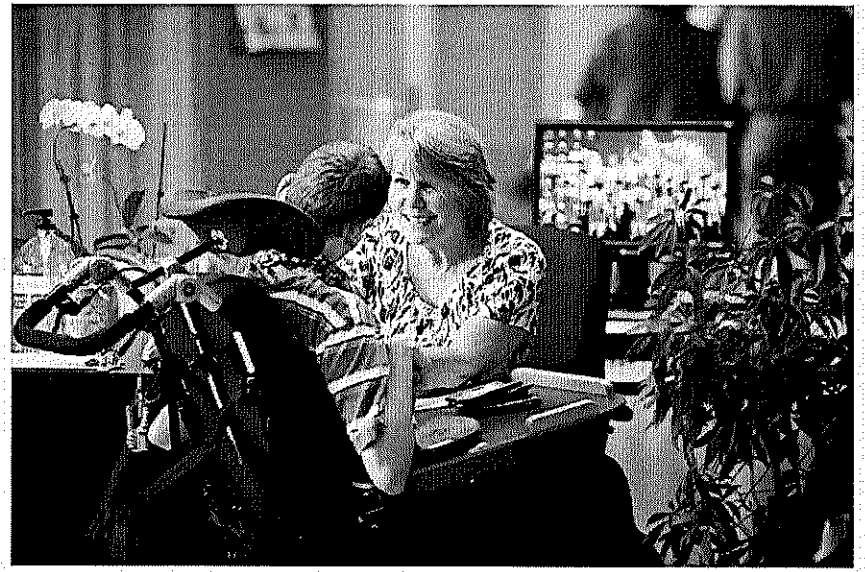
Agenda

Welcome
Site-Specific Updates
Agency-Wide Updates
Policy and Procedure Review
Employee Handbook Review
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up

Site-Specific Updates

- Signing out medications for outings
  - On MAR's there is a section to check out meds (when leaving) and checking in meds (when returning).
  - The person on the outing should be checking in/out meds.
  - Meds that should be getting checked in/out include seizure PRN's, Epi Pens



Competency Reviews

Outcome #1:<u>Gary will choose a game to play with peers daily in 75% or more trials over a 12 month recording period.</u> Summarize Steps: Present 2 game options. Gary will be given 30-45 seconds to process and choose. Gary may indicate his choice by physically pointing or eye gazing to his preference. Gary may also close his eyes to indicate disinterest.
Outcome #2: <u>Weekly, Gary will choose a room to visit when presented with 2 options in 80% or more trials over a 12-month recording period.</u> Summarize Steps: presented with picture cards of 2 rooms to visit. Gary will be given 30-45 seconds to process and choose. Indicate his choices by physically eye pointing or eye gazing. May also close his eyes to indicate disinterest.
Communication Style: ASL, Eye gazing, body language, facial expressions
Learning Style: Gary benefits from repetition, quality 1:1 interaction and visual learning.

Competency Reviews

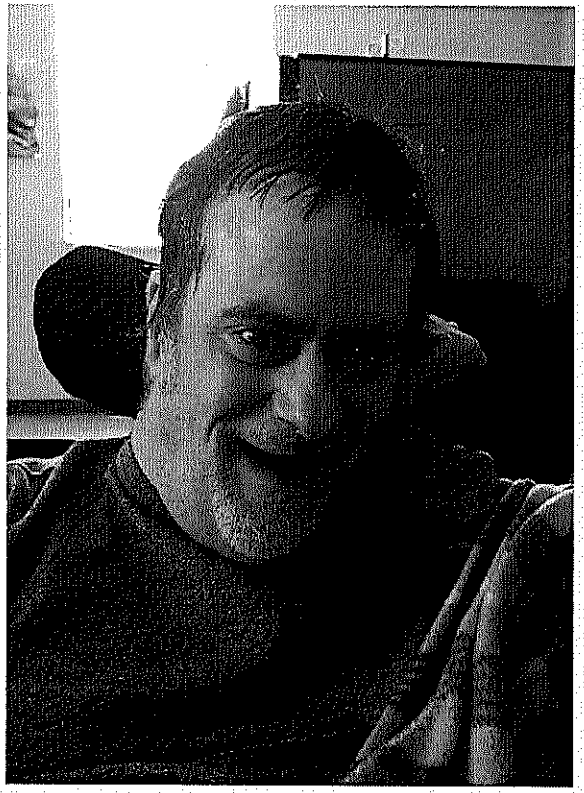
Allergies: ■ No ☐ Yes	List & Describe Supports: N/A
Seizures: Epilepsy ■ No ☐ Yes	Describe Supports: Gary is diagnosed with epilepsy. His seizures are considered controlled. Gary's protocol indicates to call 911 at onset of seizure. Gary has not had an observed seizure since 2014.
Choking: ■ No ☐ Yes	Describe Supports: Gary has a physician ordered diet for bite sized foods. Gary is visually monitored and reminded to eat slowly.
Specialized Diet: ■ No ☐ Yes	Describe Supports: Gary's meals and snacks are sent to PAI from his residence. Gary uses a sectioned plate and built up spoon to eat. Gary uses a straw to drink.

Competency Reviews

Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Autism (ASD), Diabetes Insipidus, Edema, Gastric Ulcers, Migraines, Mini Stroke DNR
Medication at PAI: ■ No ☐ Yes	Describe Supports: Gary takes his meds orally with soft food. Medications are administered by staff.
Personal Cares: ■ No ☐ Yes	Describe Supports: Gary utilizes a disposable brief and requires use of the in-ceiling lift or hoyer and uses a mat table. Side rail is engaged while Gary is on the mat table.
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Gary's chronic medical conditions put him at risk of falls. Does not bear weight. Gary uses dual lap belts while in his wheel chair.

Competency Reviews

Community Support: ■ No ☐ Yes	Describe Supports: Gary is deaf and requires 1:1 support while in the community.
Sensory Support: ■No ☐ Yes	List & Describe Supports: Gary is deaf. Gary uses some ASL to communicate. Gary also uses non verbal communication and eye gazing.
Behavior Support: ■No ☐ Yes	List & Describe Supports: Gary is diagnosed with Intermittent Explosive Disorder. Symptoms have not been noted in recent years but staff are aware.
Unsupervised Time: ■No ☐ Yes	Describe Supports: Gary does not have alone time.



Competency Reviews

Important to: Family, Friends, housemates, group activities, eating food he enjoys and practicing his ASL.
Important for: His dietary orders, familiar caregivers, ASL, having his needs met and being active.
Likes: Delicious foods, Learning and practicing new ASL signs, group projects
Dislikes: Being in pain, being thirst and being hungry.

Gratitude

Kia
Nancy

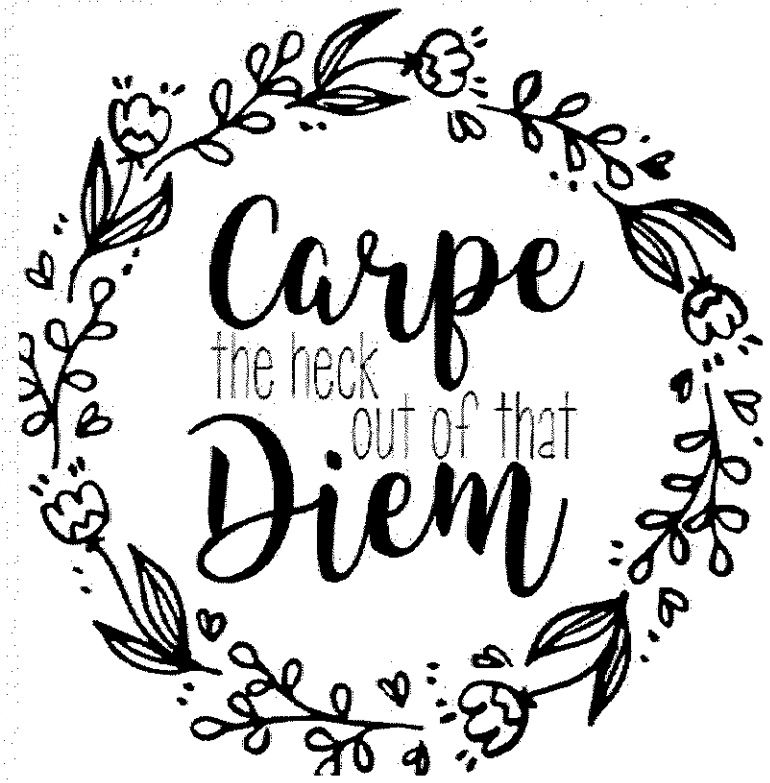
Wrap Up

Thoughts and feedback on new All-Staff

- Agenda
- Objectives
- Suggestions for continued improvement

Is there information you would like to provided at next meeting?

Any final thoughts?



Staff: Alice L. Cox
Date: 2-9-22

PAI

Service Recipient: Gary Baynes
Service Span: _____

Outcomes:

Outcome #1: Gary will choose a game to play w peers daily.
Summarize Steps: Show him the games he will eye point OR point physically

Outcome #2: ~~Weekly Gary will choose a Room to visit when~~
Summarize Steps: presented 2 options w picture cards

Communication Style: ASL, eye gazing, body language

Learning Style: Repetition at time 1-1 time, visual learning

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: NA
Seizures: ☐ No ☐ Yes	Describe Supports: Epilepsy - Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Bite Sized Diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Meds sent from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes Insipidous, edema, Gastric ulcers, migraines, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds w bite of food
Personal Cares: ☒ No ☐ Yes	Describe Supports: hoyer-2 staff | person track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: belts in chair, side rails in bathroom
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf 1-1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, some ASL
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NOR

Important to: family, friends, ACS, food, housemates

Important for: Dietary orders, familiar caregivers, learning, his needs met

Likes: food, learning + practicing ASL signs, projectors

Dislikes: Pain, thirsty, hungry

Lead Review Completed: KB

Staff: Natalie Johnson
Date: 2-9-2022

Service Recipient: Gary Bayne
Service Span: _____

Outcomes:

Outcome #1: Gary will choose a game to play with peers daily.
Summarize Steps: Present two game options. Gary may indicate his choice by physically pointing or eye gazing.

Outcome #2: Weekly, Gary will choose a room to visit when presented 2 options
Summarize Steps: Presented with picture cards of two rooms to visit.

Communication Style: ASL, eye gazing, body language, facial expressions.

Learning Style: Gary benefits from repitition, quality 1:1 interaction and visual learning.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Gary is diagnosed w/ epilepsy. Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet. Reminded to slow down.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Gary's meals and snacks are sent from home. Gary uses a sectioned plate and built up spoon.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism (ASD), diabetes Insipidus, edema, gastric ulcers, migrains, mini stroke, DNR. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Gary takes his medication with a bite of soft food.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Gary utilizes hoyer or ceiling lift and mat table. Gary wears disposable briefs.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Gary uses dual belts while in his wheel chair.
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf and requires 1:1 support while in the community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Gary is deaf. Gary uses some ASL to communicate. Gary also uses non-verbal communication + eye gazing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Gary is diagnosed w/ intermittent explosive disorder. Staff is aware.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Gary does not have alone time.

Important to: family, friends, ASL, housemates, eating food he enjoys, Group activities

Important for: His dietary orders, familiar caregivers, ASL, having his needs met and being active.

Likes: Delicious foods, learning and practicing new ASL signs, group projects.

Dislikes: Being in pain, being thirsty, and being hungry.

Lead Review Completed: KB

Staff: Deb St Martin
Date: 2/9/2022

Service Recipient: Gary
Service Span: _____

Outcomes:

Outcome #1: Gary Chose a game to play daily 75% over 12 months
Summarize Steps: Present 2 game options. Give 30-45 sec to process & choose. May physically point in eye gaze to reference. Close eyes to express disinterest.

Outcome #2: Weekly choose a room to visit when presented 2 options 80% over 12 months
Summarize Steps: Present 2 picture cards of rooms to visit. Give 30-45 sec to process & choose. Physically point in eye gaze. Close eyes to express disinterest.

Communication Style: ASL, eye gazing, body language, facial expressions

Learning Style: Repetition, quality 1:1 interaction & visual learning.

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: Epilepsy, considered controlled. call 911 @ onset of seizure. None observed since 2014.
Choking: ☑ No ☐ Yes	Describe Supports: Physician ordered diet for bite sized food. Monitored early & remind to eat slowly.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Meals & snacks sent from residence. Pictured plate, built up spoon to eat. Straw to drink.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Autism (ASD) Diabetes uns, Rickets, Edema, gastric ulcers, migraines, Mini Stroke
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Orally with soft food, administered by staff.
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief, in facility lift in hoyer, max assist with side rail engaged.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Chronic medical conditions put at risk for falls. Uses wheelchair. Dual lap belts in wheelchair.
Community Support: ☑ No ☐ Yes	Describe Supports: Deaf & receives 1:1 support in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Deaf, uses some ASL, non verbal communication & eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder, not noted in recent years
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: none

Important to: Friends, hair makes, group activities, eating food he enjoys, practicing ASL

Important for: Dietary orders, familiar caregivers, ASL, having needs met & ~~staff~~ being active.

Likes: Delicious foods, learning & practicing new ASL signs, group projects

Dislikes: Being in pain, thirsty or hungry.

Lead Review Completed: KB

Staff: Suzanne Christiansen

Date: 2/8/2022

Service Recipient: Gary B.

Service Span: January 2023

Outcomes:

Outcome #1: Gary will choose to play a game with peers daily 75% or more trials over a 12 month period.

Summarize Steps: Given 30-45 secs to process and choose. Gary may indicate his choice by physically pointing

Outcome #2: Gary will choose a room to visit when presented with 2 options in

Summarize Steps: 80% or more trials over a 12 month period.

Present with picture cards of 2 rooms to visit. 30-45 secs to process choice, eye gaze, close eyes to show disinterest.

Communication Style: ASL, eye gaze, body language, facial expressions.

Learning Style: Repetition, provide 1:1 interaction and visual learning.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: He's diagnosed with epilepsy. His seizures are considered controlled
Choking: ☒ No ☐ Yes	Describe Supports: Physician ordered bite sized food. He's visually monitored and encouraged to eat slowly.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals sent from his residence - uses a scoop dish plate and built up spoon to eat. Gary uses a straw to drink.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Autism, Diabetes Insipidus, Edema, Gastric ulcers, Migraines, Mini stroke.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Takes meds orally with soft food. Meds administered by staff.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable briefs and requires use of in-ceiling lift w/ hager - uses mat table. Side rail engaged while on mat.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: His medical conditions put him at risk for falls. Doesn't bare weight, dual lap belts while in wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf and requires 1:1 support while in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Gary is deaf - uses some ASL to communicate. Nonverbal (communication to mark. eye gazing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed with Intermittent Explosive Disorder. Symptoms haven't been noted in recent years but staff are aware.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Doesn't have unsupervised time.

Important to: Family, friends, housemates, group activities, eating foods he enjoys and practicing ASL

Important for: Dietary orders, familiar care givers, ASL, having his needs met and being active.

Likes: Delicious foods, learning and practicing new ASL signs, group projects.

Dislikes: Being in pain, being thirsty, and being hungry.

Lead Review Completed: KB

Staff: Kanya m
Date: 2-8-22

Service Recipient: Gary Bayne
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Gary will Choose a game to play
Summarize Steps:
Gary will be given 2 different game options

Outcome #2: Weekly Gary will Choose a room to visit
Summarize Steps:
Gary will be given 2 pictures of rooms to visit

Communication Style: ASL, eye gazing,

Learning Style: Visual, Quality, repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: Controlled, Call 911, epilepsy
Choking: ☑ No ☐ Yes	Describe Supports: Bite size. Reminded to eat slow
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sent to Pai from residente, Use a section plate
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: ASD, Edma, Gastric Ulcers, Migrains Dibetes insipidus DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Orally with soft foods
Personal Cares: ☑ No ☐ Yes	Describe Supports: lift, bnfs, siderail used when walking away
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Does not bear weight, lapebites in wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will provide support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Deft use some ASL, eyegazing to communicate
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: ~~intermitted~~ symptoms have not been reported
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no unsupervised time
Important to: Family Friends, housemates, eating food he enjoys	
Important for: having his needs met, being around people who brings him joy	
Likes: Good foods, learning/Praticing ASL	
Dislikes: Pain, not eating enough	

Lead Review Completed: KB

Staff: Betsy
Date: 2/8/2022

Service Recipient: Gary B.
Service Span: 1/22 - 1/23

Outcomes:

Outcome #1: Choose a game to play w/peers daily
Summarize Steps:
present choices 2 games to play 30-45 sec

Outcome #2: Choose a room to visit 2 options
Summarize Steps: Give 2 options to pick from pictures

Communication Style:
Sign language, body language, eye contact, gazing

Learning Style:
1:1, interaction, visual learning, repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilespy are controlled call 911
Choking: ☒ No ☐ Yes	Describe Supports: bite size pieces, remind to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals from home, uses special spoon and divided sectional plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASD, diabetes, migrines, insipidus DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: taken orally administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: briefs, track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can not bear weight, staff propells wheelchair, track system
Community Support: ☒ No ☐ Yes	Describe Supports: Dear requires staff 1:1 support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL to communicate, deaf, non-verbal
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Doesnt have alone time

Important to:
family, friends, housemates, group activities, eating food

Important for:
ASL, caregivers, family, friends

Likes:
Group projects, delicous food

Dislikes:
Pain, being uncomfortable

Lead Review Completed: KB

Staff: Deanne Lepley
Date: 2/8/2022

Service Recipient: Gary Vayne
Service Span: 2/2022 - 2/2023

Outcomes:

Outcome #1: Gary will choose a game to play w/ peers daily 7x/w or more trial over 12 month
Summarize Steps: Present 2 games options. Given 30-45 seconds to process + choose may indicate by physically pointing or eye gazing to his preference. may close eyes to indicate disinterest

Outcome #2: Weekly Gary will choose a room to visit + when presented w/ 2 options in 80% trials over 12 months
Summarize Steps: Presented w/ picture card of 2 rooms to visit. Given 30-45 seconds

Communication Style: ASL eye gazing, body language, facial Expressions

Learning Style: Benefits from Repetition; Quality 1:1 Interaction + Visual learning

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy, considered controlled. protocal call 911 at onset of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Physician ordered diet - bite size. Reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals sent from home. Uses a sectioned Plate + built up spoon. Uses a straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes, Insipidus Edema, Gastric ulcers, Migraine, mini Stroke DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Gary takes meds orally w/ soft food meds administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses a disposable brief using ceiling lift or hoyer lift is on mat table. Uses mat table. Side rail in use as safety while Gary is on mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Gary Chronic neg condition put him at risk to fall. Does not bear weight. Uses dual leg brace while in wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf + requires 1:1 support while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf + Uses some ASL to communicate. Also uses non-verbal communication + eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Gary is diagnosed w/ Intermittent Explosive disorder.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Gary has no alone time
Important to: family, friends, housemate, group activities, eating food treats + practicing ASL	
Important for: dietary orders, familiar caregivers, ASL, having needs met + being active	
Likes: delicious food, learning + practicing new ASL signs, Group projects	
Dislikes: being in pain, being thirsty + being hungry.	

Lead Review Completed: KB

Staff: Maria Hetchler
Date: 2/8/22

Service Recipient: _____
Service Span: _____

Outcomes:

Outcome #1: Garry will choose a game to peers
Summarize Steps: presents 2 games over, Given 30-45 second to process and chose

Outcome #2: weekly, choose room to visit present 2 option
Summarize Steps: Presented with picture cards of 2 rooms to visit, 30-45 seconds to Process and choose

Communication Style: ASL, Ayes gazing, facial expresion

Learning Style: Gary benefits from repetition, clearity 1:1 interaction and visual Learning

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Diagnose w/epilepsy. His seizure are considered controlled
Choking: ☒ No ☐ Yes	Describe Supports: Gary has a physcian order diet for bite sized food, monitor to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meal and snack are sent to PAI from residence, Gary used sectioned plate and build up spoon to eat
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes, Insipidus, Edema, Gastric ulcers, migraines DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Gary takes meds orally ~~from mouth~~ w/soft food
Personal Cares: ☒ No ☐ Yes	Describe Supports: Gary utilize disposable brief, requare use of the incaing lift or hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Gary risk of falls, Does not bair waight
Community Support: ☒ No ☐ Yes	Describe Supports: staff profide suport 1:1 when in comunicate
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Gary is ~~deaf~~ deaf, Gary use some ASL to comunicate and non verbal Comunication
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Gary diagnosed w/ intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Gary dose not have alone time

Important to: family, friends, housemets, eating foods his engoged

Important for: his dietary order, families caregiver, ASL, being active

Likes: Deliciouse food, learn an practice ASL, group project

Dislikes: Being in pain, ~~thirsty~~ thirsty and hungry

Lead Review Completed: KB

Staff: Festus

Date: 2/8/22

PAI

Service Recipient: KB

Service Span: 2/22 – 2/23

Outcomes:

Outcome #1: choose age to play with peers

Summarize Steps: Present 2 different options - Easy will be given 30-45 sec to process a choice. Easy will indicate his choice by eye gazing to his preferred

Outcome #2: choose a book to read when presented with 2 options

Summarize Steps: Present with 2 picture cards of 2 books to what. Easy will be given 30-45 sec to process & choose one

Communication Style: eye gaze, facial expression, ASL, body language

Learning Style: Very visual learner. Benefits from repetition, quality (?) / redundancy

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Diagnosed with epilepsy. Seizure comfort. Call 911 on onset of seizure. Has no seizure since 2018
Choking: ☒ No ☐ Yes	Describe Supports: Bite size & M. Encouraged to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Meals and snacks brought from home. Uses spoon and plate and straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Dysphagia, aspiration pneumonia, paraplegia, Edema, Eschar ulcers, hypospadias, bowel & bladder DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Take meds orally with food & monitoring and administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses disposable briefs. Sees nurse when staff unavailable for Easy
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Acquired medical conditions further at risk of falls. Does not bear weight. Uses wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide support in this case. Staff will provide (-) support while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Easy is deaf. Uses ASL for communication
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed with a mental health disorder. Symptoms have not been noted for years
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Easy does not have a low risk
Important to:	Family & friends, eating foods he enjoys, communication
Important for:	Having his needs met, familiar caregivers, ASL, Easy active
Likes:	Delivery Boys, learning, playing with ASL signs, group activities
Dislikes:	Being in pain, dry & flaky skin, being hungry

Lead Review Completed: KB

Staff: Amanda Diaz
Date: 03/08/2022

Service Recipient: Gary Bayne
Service Span: Jan. 2022 - Jan 2023

Outcomes:

Outcome #1: Gary will choose a game to play with peers daily in 75% of ~~[illegible]~~ trials
Summarize Steps: Gary will be given 2 game options with 30-45 seconds to choose

Outcome #2: Weekly, gary will be given 2 rooms to choose from to visit
Summarize Steps: give 2 picture cards and 30-45 seconds to choose

Communication Style: sign, eye gaze, body language, facial expressions

Learning Style: repition, visual, 1:1 interaction

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: call 911 onset seizure
Choking: ☒ No ☐ Yes	Describe Supports: Bite size pieces reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Meals and snacks sent in sectioned built up plate straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes, Edema migranes, Gastric Ulcers DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds orally with soft foods and given by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses disposable brief, in ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: dual lap belts, does not bear weight
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf and needs 1:1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: non verbal, eye gazing, some asl
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed w/ intermittent Explosive disorder. Staff are aware
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Does not have alone time

Important to: Family, friends, housemates, food he enjoys

Important for: having needs met, being around caregivers who bring him joy

Likes: delicious food, learning new signs, group projects

Dislikes: being in ~~pain~~ pain, not enough food, being hungry

Lead Review Completed: KB

Staff: Maurita Sweeney
Date: 2/8/2022

Service Recipient: G. B.
Service Span: 2/22 to 2/2023

Outcomes:

Outcome #1: Choose a game to play with peers.
Summarize Steps: Present choices.
Give 30-45 sec to choose
Eye gaze to choose

Outcome #2: Choose room to visit when presented 2 options.
Summarize Steps: Present choices 2 rooms on picture cards
Give 30-45 sec to choose
Eye gaze to choose

Communication Style: ASL, eye gaze, body language, Facial expressions.

Learning Style: Repetition, visual learner.
Quality 1:1

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: epilepsy. Controlled. Call 911 on onset of SZ.
Choking: ☑ No ☐ Yes	Describe Supports: Physician ordered bite size. visual monitor. Reminders to eat slowly.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sectione plate. Built up spoon. straw to drink.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Autism Diabetes Osteoarthritis, others. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Oral, soft foods Administered by staff.
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief. rayer lift, mat table, rail up if staff steps away.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: FALLS. Ø bareweight Dual lap belts in wheel chair -
Community Support: ☑ No ☐ Yes	Describe Supports: Staff provide 1:1 support in Community to keep him Safe.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Deaf, ASL, Non-Verbal Communication Eye Gaze
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder has not had episode in years.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No alone time.
Important to:	Family, friends, group activities, eating food he enjoys.
Important for:	needs met, staying active, being around those who bring him joy.
Likes:	good food, ASL signs + practicing, group projects
Dislikes:	Pain, thirst, not enough to eat.

Lead Review Completed: KB

Staff: Mari BP
Date: 2-8-22

Service Recipient: Gary Bayne
Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Will choose game to play w/ peers.
Summarize Steps:
presented w/ 2 options, will use eye gazing or pointing

Outcome #2: Gary will choose room to visit.
Summarize Steps:
Presented w/ picture cards of 2 rooms

Communication Style:
ASL, eye gazing, facial expressions

Learning Style:
repetition, visual, 1:1 time

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Diagnosed w/ epilepsy, call 911 on onset of seizures
Choking: ☒ No ☐ Yes	Describe Supports: physicians ordered bite size diet, reminded to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sent to PAI, uses sectioned plate & built up spoon
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, diabetes, osteoarthritis, cervical spinal stenosis — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds orally w/ soft food, administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: utilizes disposable briefs, shower, hand mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: chronic medical conditions put him at risk, cannot bear weight
Community Support: ☒ No ☐ Yes	Describe Supports: staff will provide supervision & support due to being deaf
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL, nonverbal communication & eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time
Important to:	family & friends, movements, & eating food he enjoys
Important for:	Having needs met, being active, familiar/joyful staff
Likes:	delicious food, group projects, learning new ASL
Dislikes:	being in pain, thirsty, or not enough to eat

Lead Review Completed: KB

Staff: Alfredo Fierro-Montes
Date: 2.8.22

Service Recipient: Gary Bayne
Service Span: Feb. 22 – Feb. 23

Outcomes:

Outcome #1: Will choose a game to play w/peers daily.
Summarize Steps:
Will be presented w/ 2 options, given 4/5 sec. to choose.

Outcome #2: Will choose a room to visit when presented w/ options.
Summarize Steps:
Presented options to choose. Given 4/5 sec. to choose.

Communication Style:
ASL, eye gazing, body language, facial expressions.

Learning Style:
Repitition, 1 on 1, visual learner.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy, controlled, call 911 on onset of seizure.
Choking: ☒ No ☐ Yes	Describe Supports: Physicians ordered diet, reminder to eat slowly.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: uses straw. Meal sent to PAI, uses a sectioned plate & built up spoon.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Ulcers, paraplegia, Diabetes Insipidus — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Orally w/soft foods, administered by staff.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Utilizes a brief, hoyer/mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions put him at risk, lap belt.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provide supports, Gary requires 1:1 support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, non-verbal comm. Eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time
Important to:	Family, Friends, housemates, food he enjoys
Important for:	Needs met, being active, joyful care-givers
Likes:	Good food, new ASL signs, group projects
Dislikes:	Pain, thirst, not enough to eat.

Lead Review Completed: KB

Staff: Lisa Hartman
Date: 2-8-22

Service Recipient: Gary Bayne
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Will choose a game to play ☐ peers daily.
Summarize Steps: 2 options 30-45 sec to process + choose eyegaze to choose shut eyes p.t. ∅

Outcome #2: Wkly, will choose a room to visit when presented ☐ 2 options.
Summarize Steps: picture cards 2 yrs 30-45 sec to choose - eyegaze to choose

Communication Style: Eye gazing, body language, facial expressions, ASL

Learning Style: repetition, quality 1:1, visual.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: NA
Seizures: ☑ No ☐ Yes	Describe Supports: dx epilepsy, controlled call onset of seizure
Choking: ☑ No ☐ Yes	Describe Supports: ∅ doctor order specialized diet bite sized remind to eat slowly
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Suction pacific pull up spoon straw to drink
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Autism, diabetes osteo arthritis DNR/DNI: ☑ No ☐ Yes Edema migraines
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Oral ☐ soft food by staff
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief - lift/hoyer + mat table - vail engaged if staff not ☐
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: does not bear weight dual lap belts in w/c med. card. make risk for falls
Community Support: ☑ No ☐ Yes	Describe Supports: deaf 1:1 support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: deaf - some ASL non verbal comm + eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent Explosive disorder - ∅ aware doesn't present
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: ∅ alone time

Important to: family friends ~~friends~~ food he enjoys group activities ASL practice

Important for: dietary orders from caregivers ASL needs met + being active

Likes: new ASL signs group projects, delicious food

Dislikes: Rain, thirst, ∅ enough to eat

Lead Review Completed: KB

Staff: Megan Gagner
Date: 2/8/2022

Service Recipient: Grant Rayne
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Grant will choose a game to play with peers daily.
Summarize Steps:
Present 2 game options, 30-45 seconds to choose, point, eye gazing

Outcome #2: Grant will choose a room to visit when presented 2 options
Summarize Steps:
Presented picture cards of 2 different program rooms 30-45 seconds eye-gazing, point

Communication Style: ASL, eye-gazing, body language, facial expressions

Learning Style: Repetition, quality 1 on 1, visual learner

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy, controlled Protocal 911 on on set of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, visually monitored, reminder to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals and snacks sent from home, sectioned plate, spoon to eat, straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: autism, diabetes, gastric ulcers, osteoarthritis — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds orally soft foods, administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: utilizes disposable brief, 2-person hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Fall risk, does not bear weight, dual lap belts on wheel-chair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide supports in this area for safety, one on one support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, asl for communication, non-verbal communication, eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder, no symptoms displayed, staff aware
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time

Important to: Family, friends, activities, eating food he enjoys

Important for: Needs met, staying active, being around care givers who bring him joy

Likes: Delicious foods, learning new asl signs, group activities

Dislikes: Pain, thirsty, not enough to eat

Lead Review Completed: KB

Staff: Colette Rice
Date: 2.8.22

Service Recipient: Gary Bayne
Service Span: Feb 22 → Feb 23

Outcomes:

Outcome #1: Choose game to play with peers.
Summarize Steps:
Gary can point, if not interested he will close his eyes

Outcome #2: Choose a room to visit, weekly.
Summarize Steps:
Gary will be presented w/ picture cards to visit other program rooms.

Communication Style:
ASL, eye gazing, body language, facial expressions

Learning Style:
visual learner, 1 on 1,

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: Epilepsy, call 911 onset of Seizure (Controlled Seizures)
Choking: ☑ No ☐ Yes	Describe Supports: Bite Size pieces, reminder to eat slowly
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sectioned plate, built up spoon, Straw to drink
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Autism, Paraplegia diabetes, Gatric ulcers, migranes — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: orally with soft food! meds administered by staff
Personal Cares: ☑ No ☐ Yes	Describe Supports: in ceiling track, disposable brief.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: does not bear weight, dual lap belts in wheel chair
Community Support: ☑ No ☐ Yes	Describe Supports: Provide all support to keep gary safe.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: deaf, uses ASL to communicate eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: intermitted explosive disorder
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: does not have time alone

Important to:
family, friends, roommates, eating food he enjoys (!)

Important for:
~~Medication~~, Staying active, having needs met.

Likes:
foods, learning ASL Signs, group projects

Dislikes:
Pain, being thirsty!

Lead Review Completed: KB

Staff: ERIN SANDSTROM
Date: 2·8·2022

Service Recipient: GARY BAYNE
Service Span: 2/1/2022-2/1/2023

Outcomes:

Outcome #1: GARY WILL CHOOSE A GAME TO PLAY W/ PEERS DAILY, 75%
Summarize Steps: PRESENT 2 GAMES. BE GIVEN 30-45 SECONDS TO CHOOSE. CHOOSE W/ EYE POINTING OR EYE GAZING.

Outcome #2: GARY, WILL CHOOSE A ROOM TO VISIT WITH 2 OPTIONS.
Summarize Steps: PRESENTED 2 OPTIONS. GARY WILL BE GIVEN 30-45 SECONDS TO CHOOSE W/ EYE GAZING.

Communication Style:
ASL, FACIAL EXPRESSIONS, EYE GAZING, BODY LANGUAGE

Learning Style:
REPITION, 1 ON 1, VISUAL LEARNER

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: MA
Seizures: ☒ No ☐ Yes	Describe Supports: EPILEPSY - PROTOCOL CALL 911 ON ONSET OF SEIZURE.
Choking: ☒ No ☐ Yes	Describe Supports: BITE SIZED PIECES, MONITORED TO EAT SLOWLY.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: SECTIONED PLATE, BUILT UP SPOON, STRAW
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes AUTISM (ASD) DIABETES EDEMA, GASTRIC ULCERS, MIGRAINES, MINI STROKE DNR
Medication at PAI: ☒ No ☐ Yes	Describe Supports: ORALLY W/ SOFT FOODS - STAFF ADMINISTER
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, IN CEILING TRACK, SIDE RAILS
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: DOES NOT BEAR WEIGHT. DUAL LAP BELTS
Community Support: ☒ No ☐ Yes	Describe Supports: GARY IS DEAF, REQUIRES 1:1 SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: DEAF, USES SOME ASL, NON-VERBAL, EYE GAZING
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: INTERMITTENT EXPLOSIVE DISORDER
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO ALONE TIME
Important to:	FAMILY / FRIENDS, HOUSEMATES, GROUP ACTIVITIES, EATING FOOD HE ENJOYS.
Important for:	DIETARY ORDERS, FAMILIAR CAREGIVERS, ASL, ACTIVE
Likes:	DELICIOUS FOODS, LEARNING NEW ASL, GROUP PROJECTS
Dislikes:	BEING IN PAIN, THIRSTY, HUNGRY

Lead Review Completed: KB

Staff: Danielle Mendez
Date: 2.8.22

PAI

Service Recipient: Gary Dayne
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Gary will chose a game to play w peers daily.
Summarize Steps: Present 2 game options. Gary given 30-45 sec to choose. Gary will eye gaze or point to choose. Chose again if not interested.

Outcome #2: Gary will choose Room to visit.
Summarize Steps: Show 2 pic cards given 30-45 sec. to choose by eye gazing or point.

Communication Style: ASL, eye gaze, facial expressions body language

Learning Style: Repetition, visual learner in interaction

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Controlled Call 911 follow protocol
Choking: ☒ No ☐ Yes	Describe Supports: Bite size, reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Slation plate, built up spoon, straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, diabetes insipidus, gastric ulcers Migraines, Mini stroke — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Crush w/ soft foods administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, side rail, mat table in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: does not bare weight. lap belts when in chair (belt straps)
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf. 1:1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Gary is deaf. ASL and Non verbal communication
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed with intermittent explosive disorder (*NA Noticed in yrs)
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time

Important to: Family, friends, nursemates, group activities, food he enjoys

Important for: His dietary needs, familiar care givers, ASL, being active

Likes: delicious foods, group projects, New ASL signs

Dislikes: being in pain, being thirsty, Not enough to eat.

Lead Review Completed: KB

Staff: Jalysa Pratt
Date: 2/8/22

Service Recipient: Gary Bayne
Service Span: Jan 22 - Dec 22

Outcomes:

Outcome #1: Gary will choose a game to play w/peers 75% or more
Summarize Steps: Present 2 ~~outcomes~~ options. 30-45 secs to choose. Will physically point.

Outcome #2: Weekly he will choose a room to visit.
Summarize Steps: Present 2 options. Will eye gaze or point.

Communication Style: ASL. body lang, facial expressions, eye gazing.

Learning Style: Repetition, quality 1:1, visual learner.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy, His seizures are controlled 911 onset of seizure.
Choking: ☒ No ☐ Yes	Describe Supports: bite sized foods. ~~Meetr~~ monitored to eat slow.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sent to PA1 from ~~se~~ residence. Sectioned plate, and built up spoon.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes Insipidus, Edema, Gastric Ulcers, Migraines, Mini stroke DNR' DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds orally with soft food. Admin by staff.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Utilizes a disposable brief or hoyer and uses meat table. requirs use of ceiling lift.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: medical conditions put him at risk for falls, Not able to bear weight, Uses dual lap belt
Community Support: ☒ No ☐ Yes	Describe Supports: Gary is deaf requires 1:1 support while in the community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL to communicate, Gary uses non verbal communication and eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed w intermitten Explosive disorder. Symptoms have not been noted
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time alone.
Important to: Family, friends, house mates, group activites, foods he enjoys.	
Important for: Dietary orders, familiar caregivers, ASL, having his needs met, being active.	
Likes: Delicious foods, learning and practicing new ASL signs	
Dislikes: Pain, thirsty and hungry.	

Lead Review Completed: KB

Staff: Jenny Trimble
Date: 2/8/22

Service Recipient: Gary Bayne
Service Span: Feb 2022 - 2023

Outcomes:

Outcome #1: Gary will choose a game to play w/peers. Daily in 5 or more opportunities through period
Summarize Steps:
Presented w/ 2 games options given 30-45 sec to process
use eye gazing

Outcome #2: weekly will choose a room 2 visit when presented w/ 2 options 80% or more
Summarize Steps: Present to pictures cards
given 30-45 sec to eyegaze

Communication Style: ASL eye gazing, body language
may close eyes facial expression

Learning Style: repitition Quality 1:1 time interaction, visual learning

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy. are controlled. call 911
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized pieces. reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals & snack are sent to PAI from home uses sectioned plate & built up spoon uses straw
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism (ASD), Diabetes insipidus, Edema, Gastric ulcers, migraines — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: taken orally administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: utilizes disposible brief and requires use of track system w/ hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic conditions put him at risk of falls. Does not bear weight, both knees buckle uses dual assist while w/c
Community Support: ☒ No ☐ Yes	Describe Supports: is Deaf & requires 1:1 support while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, uses ASL to communicate, use non verbal communication & eyegazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Does not have Alone time

Important to: Family, Friends, housemates, group activities, eating food enjoys, Practicing ASL

Important for: Dietary need familiar caregivers, ASL having needs met

Likes: Delicious food, Practicing ASL, group Projects

Dislikes: being in pain, thirsty & hungry

Lead Review Completed: KB

Staff: Tristen Lorsung
Date: 2/8/22

Service Recipient: Gary B.
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose a game to play with peers Summarize Steps: present 2 options, Indicate by eye gaze, point	
Outcome #2: Choose a room to visit with 2 options Summarize Steps: picture cards 2 options presented, given 30-45 secs. to choose	
Communication Style: Asl, eye gaze, body lang., facial expressions	
Learning Style: repetition, 1:1 interaction, visual learner	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: epilpsey, controlled, call 911 on onset
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized, remind eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sectioned plate, built up spoon, and a straw
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASD, Diabetes insipidus, migraines, Edema DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: orally with soft foods
Personal Cares: ☒ No ☐ Yes	Describe Supports: lift/hoyer and mat table, disposable briefs
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Dual lap belts, and doesn't ~~bare~~ bear weight
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf, and requires 1:1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, Asl to comm. eye gazing as well
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time
Important to: Family, friends, groupactivities	
Important for: dietary orders, Asl, being active	
Likes: learning asl, group projects, delicious foods	
Dislikes: thirsty, pain, not enough to eat.	

Lead Review Completed: KB

Staff: Trey G
Date: 2/8/22

Service Recipient: Gary B.
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: ~~Gary will choose a game to play in 75% or more~~ trials **Summarize Steps:** present 2 games, eye gazing, point, close eyes	
Outcome #2: ~~Gary will choose a room to visit when~~ **Summarize Steps:** Presented with 2 options • 2 rooms; picture cards, 30-45 seconds	
Communication Style: ASL, eye gazing, facial expressions	
Learning Style: repetition, quality 1:1 interaction, visual	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: epilesy, Controlled Seizures, Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized, monitored, reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sectioned plate, built up spoon, straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, diabetes, migraines, Arthritis, mini stroke DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Orally soft food, Administered by trained staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, hoyer lift, mat table, side bar engaged if staff walk away
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: rise of falls, Dual lap belts, Does not bear weight
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf 1:1 support while in Community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, some asl, non-verbal Communication, eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Does not have alone time
Important to: Family Friends, housemates, Group activities, eating food he enjoys	
Important for: dietary orders, ASL, having his needs met, being Active	
Likes: Food, learning, Practicing new ASL, Groups	
Dislikes: Pain, thirst, hunger	

Lead Review Completed: KB

Staff: Bao Her
Date: 2/8/22

Service Recipient: G. B.
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Gary will choose a game to play w/ peers.
Summarize Steps:
Present 2 games options. Give 30-45 sec to Process

Outcome #2: Choose a room to visit.
Summarize Steps: Presented w/ picture cards of 2 rooms

Communication Style:
ASL, eye gazing, body language, facial expressions

Learning Style:
Repetition, quality 1:1 interaction, visual

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: epilepsy call 911
Choking: ☑ No ☐ Yes	Describe Supports: Physician ordered diet. bite size eat slowly
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Meals & Snacks Sent from home. sectioned Plate
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Autism, diabetes, edema, gastri ulcers, migraines, mini stroke
Medication at PAI: ☑ No ☐ Yes	Describe Supports: meds orally w/ soft foods
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief in ceiling lift or hoyer mat table
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Does not have weight. dual bp bath
Community Support: ☑ No ☐ Yes	Describe Supports: deaf; 1:1 support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Deaf; ASL to communicate Non verbal & eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO alone time
Important to:	friends/family. food/ house mates
Important for:	dietary order, familiar surgims, ASL, needs met
Likes:	food, learning ASL, group
Dislikes:	Being in pain, thirsty/hungry

Lead Review Completed: KB

Staff: Morgan B.
Date: 2/8/2022

Service Recipient: Gary B.
Service Span: Jan '22 - Jan' 23

Outcomes:

Outcome #1: Choose game to play with peers
Summarize Steps:
Present 2 game options, 30-45 seconds to process, if no interest will close eyes

Outcome #2: Choose room to visit
Summarize Steps:
picture cards, 30-45 seconds to process, if no interest will close eyes

Communication Style:
ASL, eye gazing, body language, facial expressions

Learning Style:
repetition 1:1, visual learner

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: epilepsy, call 911 on onset of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Physician order, bite size, reminder to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sectioned plate, built up spoon, drink w/ straw
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, diabetes insipidus, edema, gastric ulcers, migraines, mini stroke — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Oral w/ soft food, meds administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, in ceiling lift, side rail
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: dual lap belts, no bearing weight, fall risk
Community Support: ☐ No ☐ Yes	Describe Supports: Staff support, 1:1 in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Gary's deaf, ASL, non verbal communication, eye gazing
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: intermittent explosive disorder, no symptoms seen
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time

Important to:
family, friends, group activities, eating food he enjoys

Important for:
be active, having needs met, being around who he enjoys

Likes:
new group projects, new ASL

Dislikes:
thirsty / hungry

Lead Review Completed: KB

Staff: Laura Stacker
Date: Feb 8th, 2022

Service Recipient: Gary B
Service Span: ~~Feb~~ 22 - ~~Feb~~ 23

Outcomes:

Outcome #1: Gary will choose a game to play w/ peers daily in 75% or more.
Summarize Steps:
Present 2 game options. Gary will be given 30-45sec to chose. eye gazing to his preference.

Outcome #2: Weekly, Gary will choose a room to visit when presented with 2 options in 80% or more
Summarize Steps:
presented with 2 pictures cards to visit.

Communication Style: ASL, Eye gazing, body lang, Facial Expressions

Learning Style: Benefits from repetion, 1:1 Interactions & visual learning.

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

Allergies: ■ No ☐ Yes	List & Describe Supports: N/A
Seizures: ■ No ☐ Yes	Describe Supports: Epilepsy controlled Call 911 onset.
Choking: ■ No ☐ Yes	Describe Supports: bite sized & remind to eat slowly
Specialized Diet: ■ No ☐ Yes	Describe Supports: Section Plate built up Spoon Straw to drink
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Autism, Diabetes insipidus, Edema, Gastric Ulcers, Migraines mini stroke
Medication at PAI: ■ No ☐ Yes	Describe Supports: Gary takes his meds orally w/ soft foods Admin meds by staff
Personal Cares: ■ No ☐ Yes	Describe Supports: disposable brief & requires use of Ceiling track system
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Chronic medical conditions Put him @ Risk of falls - Does not bear weight - Dual lap belts.
Community Support: ■ No ☐ Yes	Describe Supports: 1:1 support - deaf
Sensory Support: ■ No ☐ Yes	List & Describe Supports: deaf - some ASL - eye gazing - non verbal
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Intermittent Explosive disorder.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: No alone time

Important to: Family, Friends, housemates, group activities, eating food enjoys

Important for: familar caregivers, having his needs met, being active.

Likes: Food, learning & Practicing ASL Signs, group projects

Dislikes: being in pain, being thirsty & hungry.

Lead Review Completed: KB

Staff: SOMMER
Date: 2/8/22

PAI

Service Recipient: Gary B.
Service Span: ~~Feb22~~/Feb23

Outcomes:

Outcome #1: Gary will choose a game to play w/ peers daily.
Summarize Steps: 75% over 12 month
- presented w/ games, 30-40 sec, point or look @ game

Outcome #2: Gary w/ choose room to visit.
Summarize Steps: presented w/ 2 pic cards of rooms
look/point to choose

Communication Style:
ASL, eye gazing, body lang, facial expression

Learning Style:
rep, ☑ I, visual

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: epilepsy, controlled seizure, call 911 on 5th seizure
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sent from home, knife cup spoon straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Autism, diabetes, migrains, gastric ulcers mini stroke
Medication at PAI: ☒ No ☐ Yes	Describe Supports: orally, SOT food, by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable briefs, requires cueing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not bear weight, 2 lap belts in chair
Community Support: ☒ No ☐ Yes	Describe Supports: Std deaf 1 to 1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: deaf some ASL, eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Interm explosive disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time
Important to:	family, friends, group activities, eat good food
Important for:	staying active, ASL, having needs met
Likes:	food, learning ASL, group projects
Dislikes:	thirsty, hungry, pain

Lead Review Completed: KB

Staff: Anthony H

Date:

Service Recipient: Gary

Service Span:

Outcomes:

Outcome #1: Gary will Choose a Game to Play with Peers.

Summarize Steps: 2 Diffent options
30-45 seconds to choose using eye gazing

Outcome #2: Gary will Choose between two Rooms to visit.

Summarize Steps: Present Cards 30-45 seconds to Choose Room eye gazing or Pointing

Communication Style: ASL eye gazing facial expressions

Learning Style: Repetion Quality 1:1 Visual Learner

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: ep. Controlled call 911 on 1st of seizure
Choking: ☐ No ☐ Yes	Describe Supports: Physician ordered for bite size food Eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals are sent to PAI - uses sectional Plate and Straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism Diabetes Migraine DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: Takes meds orally with soft food by staff
Personal Cares: ☐ No ☐ Yes	Describe Supports: disposible briefs in ceiling Lift Rails on table when Left
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not bear weight dual Lap belts in wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1on1 support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL to Communicate non verbal eye gazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: IED Staff aware
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time

Important to: family, friends, food

Important for: Dietary orders familiar Caregivers being active

Likes: Good food group Projects Learning new sights

Dislikes: Pain being hungry and thirsty

Lead Review Completed: KB

Staff: Maddy Kessler
Date: 2/8/22

Service Recipient: Gary B
Service Span: Jan. 22 - Jan 23

Outcomes:

Outcome #1: Gary will choose a game to play w/ peers.
Summarize Steps:
- Presented 2 options
- Given time to choose

Outcome #2: Gary will choose a room to visit.
Summarize Steps:
- Present picture cards
- 30-45 sec to choose
- Eye gazing or point

Communication Style: ASL, eye gazing, body language, facial expressions

Learning Style: Repetition, 1:1, visual

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Gary has epilepsy. Seizures are controlled. Call 911 if seizure occurs
Choking: ☒ No ☐ Yes	Describe Supports: Physicians order for bite sized pieces. Visually monitored & reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sectioned plate, built up spoon, straw. Food sent per physicians orders
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Diabetes, Edema, Gastric ulcers — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Orally with foods. Meds administered by staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief requires use of in ceiling track system and matt table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions put him at risk. Uses dual lap belts in wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf + requires 1:1 support in the community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Gary is deaf. Uses ASL to communicate
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent Explosive Disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Family, Friends, housemates, group activities, food he enjoys, Practicing ASL

Important for: Dietary orders, familiar caregivers, ASL, being active, having needs met

Likes: Delicious foods, Learning + practicing ASL, group projects

Dislikes: Being in pain, being thirsty, being hungry

Lead Review Completed: KB

Staff: Emily Eisenpreter
Date: 2.8.2022

PAI

Service Recipient: Gary Bayne
Service Span: Jan 2022 - Jan 2023

Outcomes:

Outcome #1: choose game to play w/ peers
Summarize Steps:
2 options, 30-45 sec to process/choose. Pointing/eye gazing/close eyes

Outcome #2: Choose room to visit
Summarize Steps:
2 picture cards, 30-45 seconds to process, eye pointing, close eyes

Communication Style:
ASL, eye gazing, body language, facial expressions

Learning Style:
Repitition, 1:1 interaction, visual learning

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy, controlled, call 911, no seizure since 2014
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized, reminded to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized, reminded to eat slowly
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASD, Diabetes Insipidus, Edema, Gastric ulcers, Migraines, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: orally with soft food, staff administer
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, in ceiling lift/hoyer, mat table, sit/stand engaged
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not bear weight, dual lap belts in chair
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf, 1:1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf, ASL, nonverbal communication & eyegazing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder, no symptoms in recent years
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time

Important to:
Family, friends, housemates, group activities, ASL, food

Important for:
Dietary orders, caregivers, ASL, needs met, being active

Likes:
Delicious foods, learning/practicing ASL, group projects

Dislikes:
Being in pain, being thirsty & hungry

Lead Review Completed: KB

Staff: Celeste Anderson Jones
Date: 2·8·22

Service Recipient: Gary Bayne
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Daily choose a game to play when given 2 choices. Summarize Steps: Staff will offer 2 choices Gary will eye gaze or point within 30-45 seconds	
Outcome #2: Weekly choose a room to visit. Summarize Steps: Staff will offer 2 choices, Gary will point or eye gaze within 30-45 seconds	
Communication Style: Body language, ASL, facial expressions	
Learning Style: Repetition 1:1 interaction	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: NK
Seizures: ☒ No ☐ Yes	Describe Supports: Controlled call 911
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized, remind to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized section plate build up spoon straw to drink
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASD Diabetes insipidus DNR/DNI: ☒ No ☐ Yes edema, Gastric ulcers, migraines
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Oral w/ soft food
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling track
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff support while in the community seat belts, foot straps
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 support in the community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL, eye gazing non verbal
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: intermitten Explosive disorder symptoms
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No alone time
Important to: family, friends, group activities eating foods	
Important for: dietary orders, familiar care givers	
Likes: foods, ASL group projects, needs met, being active	
Dislikes: being in pain, thirsty, hungry	

Lead Review Completed: KB

Staff: Shelly Nizrad
Date: 02-14-22

Service Recipient: Gary
Service Span: _____

Outcomes:

Outcome #2: Gary will choose a game to play w/ peers 75% Summarize Steps: Present picture of 2 rooms. Gary given 3-45 seconds to eye gaze or point. Closed eyes disinterested.
Outcome #1: Choose game to play with w/peers 75%. Summarize Steps: will eye gaze or point. Close eyes=disinterested.
Communication Style: ASL, Eye Gazing, Body lang. face expressions
Learning Style: repetition, 1:1 interaction + visual learning.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Epilepsy - Controlled, 911 at onset last one 2014
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized foods. monitor to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sectionend plate, builtup spoon + straw
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Autism, diabetes. Edemic, Ulsers. Mini Stroke
Medication at PAI: ☒ No ☐ Yes	Describe Supports: orally w/ soft foods.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs full support - hoyer - mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not bear weight. Dual lap Belts.
Community Support: ☒ No ☐ Yes	Describe Supports: Deaf full support in community, 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASL - Non verbal + eye gazing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermitent Explosive Disorder
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No Alone time full supervision 1:1
Important to: Family Friend, Housemates, group activities. food; ASL.	
Important for: Dietary orders, familiar caregivers ASL, having needs met	
Likes: Good Food, Learning/practicing ASL signs, group projects.	
Dislikes: Being in Pain, thirsty + hungry	

Lead Review Completed: AS

Staff: 2/8/22 Paris Dyu
Date: _____

Service Recipient: Gary
Service Span: _____

Outcomes:

Outcome #1: Gary will choose a game to play with peers daily
Summarize Steps: Present 2 games options
Give 30-46 secs
Indicate chose by pointing

Outcome #2: Gary will choose a room to visit when presented 2 options
Summarize Steps: Present 2 pic cards
Give 30-45 secs
may close eyes to show disinterest

Communication Style: ASL, eye gazing, body language, facial expressions

Learning Style: benefits from repetition, 1:1 on interaction, visual learning

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: Controlled (Epilepsy)
Choking: ☑ No ☐ Yes	Describe Supports: Bite Sized diet, remind to eat slow
Specialized Diet: ☑ No ☐ Yes	Describe Supports: food sent from home, uses sectioned plate and built up spoon. straw to drink.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Autism, Diabetes, Edema, Gastric Ulcers, Migraines
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Orally with soft food
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief and use of hoyer lift. Use side rails
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Does not bear weight. Uses dual lap belts
Community Support: ☑ No ☐ Yes	Describe Supports: Gary is deaf. He requires 1:1 Support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Uses some ASL signs as well as non verbal communication and eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermitten explosive disorder
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No alone time

Important to: family, friends, foods he enjoys

Important for: needs being met, staying active

Likes: foods, practicing and learning new asl signs

Dislikes: Pain, being thirsty and hungry

Lead Review Completed: KB

Staff: Sara B

Date: 2/18/2021

PAI

Service Recipient: Carey

Service Span: _____

Outcomes:

Outcome #1: will choose a game to play daily w/ peers 75% or more trials. over 12 months
Summarize Steps: 2 games 30-45 sec to process & choose physically pointing eye gazing to preference close eyes to indicate disinterest

Outcome #2: weekly choose room to visit when presented w/ 2 options in 80% over 12 month.
Summarize Steps: recording period
picture cards of 2 rooms to visit will be given 30-45 sec to process & choose eye pointing or eye gazing. close eyes for disinterest.

Communication Style:
ASL eye gazing body language facial expressions

Learning Style: repetition 1:1 interaction & visual learning.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: epilepsy, controlled seizures 911 protocal no seizure since 2014
Choking: ☑ No ☐ Yes	Describe Supports: Bite size diet reminded to eat slowly. visually monitored
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sent from residence Sectioned plate build up spoon to eat slow to drink
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: ASD, Diabetes, Insipidus DNR/DNI: ☑ No ☐ Yes Edema, Gastric ulcers migraines mini strokes DNR
Medication at PAI: ☑ No ☐ Yes	Describe Supports: meds orally w/ soft food med by staff.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief in place hoyer use mat table side rail engaged.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: medical condition put him @ risk for falls. dual lap belt while in wheel chair
Community Support: ☑ No ☐ Yes	Describe Supports: deaf 1:1 support while in community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: deaf uses ASL non verbal communications eye gazing
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder no sx symptoms have been noted
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no alone time

Important to:
family, friend, housemates, group activities, eating food, ASL

Important for:
directly orders, familiar caregivers ASL needs met being active

Likes:
delicious foods. learning & practicing ASL group projects

Dislikes:
being in pain, being thirsty & being hungry.

Lead Review Completed: KB