

Staff: Michelle Barrows  
 Date: 1-4-22



Service Recipient: Michelle Barrows  
 Service Span: 5/21-4/22

~~needs memo plan~~ Outcomes: ~~number from memo~~  
**Outcome #1:** Will ~~work on matching skills activity~~ work on matching skills  
 Summarize Steps: ~~Staff ask if ready to do matching skill & explain + set up~~  
 Will complete per 5 min. Staff coach thru correct answers if having trouble  
 Staff make matching progressively harder  
**Outcome #2:** When making a purchase will hand \$ to cashier & obtain  
 Summarize Steps: ~~change + receipt~~ hand to cashier, obtain receipt & change  
 retrieve money from bag & hand to cashier, obtain receipt & change  
 Staff help ensure she had correct change & assist to put \$ & receipt in wallet  
**Communication Style:** verbal demonstration  
**Learning Style:** can not read  
 verbal + demonstration

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Penicillin, Sulfa antibiotics raspberries lactose intolerant
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May ref to eat all or part of meal
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut in time to quarter size pieces. Lactose intolerant 1250 cal diet
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: osteoporosis, osteopenia degenerative disease DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist @ PAI
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist, assist w/ transfers - gait belt, bars, 1 person manual w/c - can propel self short distances
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: legally blind - glasses
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: has tried to take clothes off in public Boundaries: picking @ skin
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision
<b>Important to:</b>	family, favorite food & drinks, staying busy, fun activities
<b>Important for:</b>	consistent & reliable supports, work, community
<b>Likes:</b>	PAI, getting nails done, shopping, out to eat, movies, arts & crafts, pizza comm. working. Being heard & listened to. Jars, humming country music
<b>Dislikes:</b>	living away from family, going to appts, when people fight people in her personal space or in the way of her w/c

Lead Review Completed: Caitany Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Michelle Bergman  
 Service Span: 8/21 - 8/22

**Outcomes:**

**Outcome #1:** Will work on IAD/Technology skills once a week  
 Summarize Steps: Once a week will honor PAI IAD. Stay there while using. Staff help determine what she needs to learn. Staff suggest different tasks to try & watch to test proficiency & offer advice

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Verbal instructions & modeling explain in clear manner

**Learning Style:** uses planner/calendar to remember

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sinupul</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not like beef, pork, ground turkey, ground chicken fish assist to cut up texture aversion</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>TBI - L side weakness &amp; memory loss</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist @ PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist as asked/needed</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses w/c - can move r (R) hand - short distances transfer indep. maybe unsteady &amp; transfers - is cautious</u> <span style="float: right;">by of getting</span>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervisor</u> <u>Can have alone time - prefers someone with her</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>eyes - glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: _____
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can have alone time but prefers someone with her</u>
<b>Important to:</b> <u>family, art, education, independence, staying healthy</u>	
<b>Important for:</b> <u>Safety, assistance to be independent, comfort - pain mgmt</u>	
<b>Likes:</b> <u>peanut butter &amp; apple sandwiches, Pringles, going to YMCA &amp; Mem, friends family, socializing, theatre, plays, TV</u>	
<b>Dislikes:</b> <u>beef, pork, cottage cheese, fish</u>	

TBI - (L) side paralysis

Lead Review Completed: Catherine Kelly

Staff: Kathy Perrot

Date: 12-27-21



Service Recipient: Andy Berkowitz

Service Span: 12/20/22

2/21-1/22

Outcomes:

<b>Outcome #1:</b> <u>Will greet or say goodbye to a co-worker at PAI + community</u> Summarize Steps: <u>Remind with verbal prompt if does not do independently</u>
<b>Outcome #2:</b> <u>Will call a family member twice a week</u> Summarize Steps: <u>Staff will encourage Andy with verbal prompts if he does not do independently</u>
<b>Communication Style:</b> <u>verbal instructions, visual demonstrations</u> <u>Verbal</u>
<b>Learning Style:</b> <u>Verbal cues/instructions</u> <u>Visual demonstration</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gluten</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gluten free</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Celiac disease</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist</u> <u>None @ PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assistance</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory</u> <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise at all times</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <del>##</del> <u>None</u>
<b>Important to:</b> <u>Family + friends, community, being social, following gluten free diet, being active, improved self advocacy skills, Special Olympics music + dancing, cleaning</u>	
<b>Important for:</b> <u>Community opportunities, gluten free diet, socialization, advocating for self. Practicing <del>and</del> ignoring people who bother him.</u>	
<b>Likes:</b> <u>working out, bowling, flowers, balls, TWINS, checkers, country music dancing, pizza, cleaning jobs</u>	
<b>Dislikes:</b> <u>foods that give stomach ache, people telling him to stop staring when co-workers stroke fist at him.</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Liz Bourke  
 Service Span: 9-1-21 - 8-31-22

Outcomes:

**Outcome #1:** Will journal daily at PAI  
 Summarize Steps: Liz struggles to decide what to write about. Staff will offer 2-3 journaling prompts to choose from.

**Outcome #2:** Will tell someone when feeling anxious  
 Summarize Steps: Verbally encourage to share when feeling low or anxious. Praise when verbalizes feeling anxious or overwhelmed.

**Communication Style:**  
Verbally

**Learning Style:**  
Verbal instructions and modeling if needed

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>doxycycline, retinoids, oxycodone, carbamazepine, Ultracet, hydromorphone, acetaminophen, barbiturates, NSA, tramadol</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>healthy food choices - assist. Ensure she drinks water - carry water bottle</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypertension, frequent sinus, DNR/DNI, ear infections, chronic pain, IBS, asthma, COPD</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>PAI Reminders</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady gait, chronic pain, osteoarthritis, walker as needed</u>
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can access community alone</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anxiety, hi potan, PTSD, difficulty with boundaries, judgement uses coping skills</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> <u>meeting new people, health, friends, keeping in touch &amp; dgt</u>	
<b>Important for:</b> <u>Maintaining health, having PT job</u>	
<b>Likes:</b> <u>Reading, word searches, movies, being a fiancee, coloring, journaling her cats, writing, journaling</u>	
<b>Dislikes:</b> <u>people doing things FOR her.</u>	

mental health issues

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry

Date: 1-10-22



Service Recipient: Brian Boxer

Service Span: 1/22-1/23

Outcomes:

Outcome #1: ~~Will identify a process, place, thing he would like to learn about~~  
Summarize Steps: ~~3x wk~~ Will participate in volunteer opportunity once a month  
Staff explain what opportunities are available. He will decide what he wants to try. Will participate.

Outcome #2: Will contact a friend or family member via Uldes call once a month  
Summarize Steps: At the beginning of the month staff will meet c Bryan with a list of days on the calendar that he will fit into his schedule to contact a friend/family member. Staff will schedule a time to make the call. When the day comes he will help get the call set up and make the call.

Communication Style: Verbal

Learning Style: verbal directions + demonstrations

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: <u>ibuprofen</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>avoid raw carrots, raw celery, popcorn, chinese veggies, dried fruit, nuts, wild rice, coconuts, collards, grapefruit, grapes, cabbage</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, CP, hx of bowel obstruction</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>assist</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>if needs bad clean up - helper + 2 person</u> <u>Need to assist to empty ileostomy</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist to transfer 1 person transfer = grab bar</u> <u>w/c. Assist c navigation</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impaired - legally blind</u> <u>color blind</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	<u>working, comm., volunteering, talking on phone, visiting friends</u> <u>Making own decisions, choices, staying away from neg. people &amp; bad situations</u>
Important for:	<u>support to stay safe &amp; go to comm. opportunities to work</u>
Likes:	<u>bowling, bongo, out to eat, movies, music. out to eat</u>
Dislikes:	<u>neg &amp; rude people</u>

Lead Review Completed: Cathy Kelly

B  
 Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Sean Boyd  
 Service Span: 3/21 - 3/22

Outcomes:

<p><b>Outcome #1:</b> <u>Will initiate a maint. appropriate conversation &amp; co-workers while</u>          Summarize Steps: <u>workings in comm. Staff remain within earshot at all time to support remaining appropriate</u></p>
<p><b>Outcome #2:</b> <u>Sign out when leaving for comm. employment</u>          Summarize Steps: <u>Will be prompted verbally at the moment</u></p>
<p><b>Communication Style:</b> <u>May be difficult to understand - word pronunciation</u>  <u>Verbal instructions</u></p>
<p><b>Learning Style:</b> <u>Verbal instructions</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>Citrus fruits, tomatoes</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>low fat, low calorie, limit sodas</u>  <u>May try to eat others food</u></p>
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Downs</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span></p>
<p><b>Medication at PAI:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u>  <u>@ PAI</u></p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u></p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p><b>Community Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>glasses</u></p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Unaware of consequences. Inappropriate interactions</u>  <u>sexual comments, gestures. Snatch in person, asked for phone #</u></p>
<p><b>Unsupervised Time:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Important to:</b> <u>participate in comm-work or outings, jobs involving cleaning</u>  <u>drinking favorite drink @ break, independence, time &amp; peers</u></p>	
<p><b>Important for:</b> <u>learn &amp; maint. indep., healthy nutritional diet, working in comm.</u>  <u>learning appropriate social interactions</u></p>	
<p><b>Likes:</b> <u>Bowling cup &amp; cone, movies, music, chicken, cleaning jobs</u></p>	
<p><b>Dislikes:</b> <u>oranges, grapefruit, tomato paste, mall walking, being told what to do, artist</u></p>	

Lead Review Completed: Cathy Kelly

Wallow

Staff: Kathy Perry

Date: 1-4-22



Hannah Brough

Service Recipient: ~~Matty Harnett~~

Service Span: 4/21 - 3/22

Outcomes:

<b>Outcome #1:</b> <u>Will practice budgeting skills weekly</u> Summarize Steps: <u>Present word problem/prompt that includes shopping list &amp; budget</u> <u>can use iPhone or iPad for on line stores</u> <u>encourage to read items on list &amp; put in cart - help figure tax.</u> <u>when done, stop check to ensure she got all items &amp; stayed in budget</u>
<b>Outcome #2:</b> <u>Will complete a full market interview once per month</u> Summarize Steps: <u>Emp Specialist will plan &amp; schedule a full market interview</u> <u>complete interview</u> <u>after interview, Specialist will give feedback</u>
<b>Communication Style:</b> <u>Verbal - clear instructions</u>
<b>Learning Style:</b> <u>Clear expectations - verbal instructions, modeling</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>horses, cows, hay - hives, swollen eyes &amp; face</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may bite lips, pull hair, mild jerking or twitching of (L) extremities, (L) facial twitching</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>poor self control - portion sizes</u> <u>Encourage to eat appropriate portions</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>@ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Indep</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ringing in ears - can still stay</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Explain reason behind rules</u> <u>may touch, hug, touch others. Difficulty w/ social cues</u> <u>may interrupt conversation</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>family in WI, aunts house, Church, IFAA, games, CD's, being in a relationship, electronics, working, being indep., making decisions</u>	
<b>Important for:</b> <u>finding independence in living alone, family support, indep. socializing, managing health</u>	
<b>Likes:</b> <u>walks, bowling, movies, working, being indep., making own decisions</u> <u>wandering in farm fields, going out to eat, making art</u>	
<b>Dislikes:</b> <u>people yelling at her, loud voices, arguing, unclear expectations</u> <u>not being involved in her decisions or feels unheard.</u>	

lives @ home

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 12-27-21



Service Recipient: Sabrina Brower  
 Service Span: 9/21 - 8/22

Outcomes:

<b>Outcome #1:</b> <u>Choose to have lunch with a friend 75% of trials</u> Summarize Steps: <u>Encourage to seek out co-workers to ask to have lunch with</u> <u>Prase when initiates conversation</u>
<b>Outcome #2:</b> <u>Practice matching/calculating + budgeting utilizing worksheets @ work</u> <u>to strengthen money skills 75% of trials</u> Summarize Steps: <u>Encourage to practice math worksheets. Offer help as needed</u>
<b>Communication Style:</b> <u>Verbal, No filters. Aggressive with gestures + words</u>
<b>Learning Style:</b> <u>Visual Prefers slow step by step instructions</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sulfa</u> <u>but only meds prescribed by Dr.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats too fast</u> <u>Remind to slowdown + to chew food completely before swallowing</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI</u> <u>Administer per Dr orders</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pull ups, assist w wiping, assist w zippers</u> <u>+ buttons, Remind to wash hands</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist w pedestrian skills + "stranger danger"</u> <u>Teach Can't be alone</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can be violent. Redirect - give options for</u> <u>alternative ways to interact with others to keep herself safe.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>Brother, family, TV, my music, electronics, graduating</u> <u>Mom + Grandmother (deceased) Being busy + active</u>	
<b>Important for:</b> <u>Having someone to talk to when she needs, increase coping</u> <u>skills, socialization skills, attend community outings, decrease aggressive interaction</u>	
<b>Likes:</b> <u>IPAD, watching TV, going to mall + open gym, Bubbles, puppies, sports</u> <u>time w family + boyfriend, TV, Perkins + Sun Bros.</u>	
<b>Dislikes:</b> <u>Being told NO, losing phone privileges, brushing teeth or hair</u> <u>cleaning house, getting up in AM</u>	

Own guardian  
 Darnes + stress

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry



April Cooley  
Service Recipient: ~~April Cooley~~

Date: 12-27-21

Service Span: 2/21-1/22

Outcomes:

Outcome #1: April will seek out staff when feeling anxious  
Summarize Steps: Speak up when feeling any type of anxiety  
Notify staff if needs to take a break or needs a skill  
Will be assertive + ask for what she knows she needs to help her.

Outcome #2: Participate in Social Skills class  
Summarize Steps: Will have a weekly schedule built into her schedule. If more than 1 class can choose which one. When class scheduled will attend

Communication Style: Verbal. Start verbally communicate what they are going to be doing that day & explain how these things/skills are relevant to every day living + maintaining healthy relationships. Staff answer questions as needed  
Learning Style: Verbal instruction / modeling

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: <u>Abilify, amoxicillin, cymbalta, wellbutrin, lithium, nystatin, grass, ragweed, dogs</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u> <u>Choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low calorie</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Schizophrenia, Bi-polar, anxiety depression, borderline personality disorder</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>Needs assist to administer. knows what she takes &amp; what to do</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can use BIC independently</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can take breaks as needed when working</u> <u>N/A</u> <u>Can use w/c as needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>see envious behav. mental health issues has cut in the past impulsivity, agitation, anxiety, fatigue crying spells</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Important to:	<u>Brother Nick, healthy relationships, opportunity to work, socializing managing mental health, low calorie diet, living on own</u>
Important for:	<u>Maintain a cont. to gain independence. Opportunity to work safe people to talk to</u>
Likes:	<u>Cross stitch, crossword puzzles, computer games, walking, church, talking to brother Nick Cats</u>
Dislikes:	<u>loud music or noises, chaotic work days</u> <u>Changes in schedules</u>

Own guardian  
~~James Perry~~

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Lyric Dampier  
 Service Span: 12/21 - 11/22

Outcomes:

**Outcome #1:** Will follow through & appropriate social skills  
 Summarize Steps: Checks in & stays about concerns & peers. Good at resolving situation. Staff offer additional advice & have plan about how to handle situation. She will follow thru & plan

**Outcome #2:** Will renew & practice social skills & stay each morning  
 Summarize Steps: Will work 1:1 on social skills activity & stay to practice social skills (role play, video worksheets)  
She will actively participate

**Communication Style:** verbal

**Learning Style:** Repetition & being held accountable

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>intellectual disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>OPAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision - coach with budgeting</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Boundaries. Frequently misinterprets situations. Posturing movements on angry faces when upset. Difficulty coping when upset. Verbally aggressive @ times. Walk, music, word searches &amp; talking to self to calm.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>job in comm., working on social skills, family &amp; friends</u>	
<b>Important for:</b> <u>Constructive feedback, frequent check ins, family support varied activities</u>	
<b>Likes:</b> <u>shopping, hanging &amp; friends, routine, helping others, arts &amp; crafts being social, sports</u>	
<b>Dislikes:</b> <u>changes in schedule, conflict &amp; peers, being told what to do, when peers are loud, not understanding social situations</u> <u>Gets caught up in drama</u>	

Lead Review Completed: Courtney Kelley

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Fred Dean  
 Service Span: 10/21-10/22

Outcomes:

**Outcome #1:** Will work on IPAD/technology skills once a week  
 Summarize Steps: Once a week in homeroom or break Fred will get IPAD. Staff stay with him work & stop to determine skills or tasks he already knows + what he needs to learn. Suggest different tasks to try

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Speech may be difficult to understand  
Verbal Explain things in clear simple manner

**Learning Style:** Verbal instructions & modeling

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u> <u>antitadine doesn't recognize what allergic to</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>low sodium</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>hypertension, med asthma</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>GERD</u> <u>Bi lateral knee replacements</u> <u>binhater</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u> <u>PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Indep</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Indep</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Sight - glasses</u> <u>hearing - ref hearing aids</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can spend time alone, Isolates</u>
<b>Important to:</b>	<u>Knowing schedule ahead of time, self reliance + determination</u> <u>live independently, staying healthy</u>
<b>Important for:</b>	<u>self determination, assistance setting up appt. + medications</u> <u>encouragement to stay active in comm. Cont. to learn + work on relationships</u>
<b>Likes:</b>	<u>fishes, fishing, camping, trips, working. Spending time alone</u> <u>at home</u>
<b>Dislikes:</b>	<u>people to answering his calls, feeling anxious, not knowing about</u> <u>schedule changes ahead of time</u>

assist finances - compulsive gambling  
Drives

Lead Review Completed: Cathy Kelly

Widow

Staff: Kathy Perry

Date: 1-4-22



Service Recipient: Leah Datviler

Service Span: 10/21-9/22

Outcomes:

<b>Outcome #1:</b> <u>Will correctly identify at least 2 of 3 ASL signs or full</u> Summarize Steps: <u>condensed daily</u> <u>Homework get ASL flash cards &amp; choose 3 to practice</u> <u>Each will identify the sign on card</u> <u>check the back to see if she has the right answer</u>
<b>Outcome #2:</b> <u>Participate in volunteering 1 time per month</u> Summarize Steps: <u>Beginning of month show choices of <del>volunteering</del> opportunities</u> <u>Have her make choice</u> <u>Encourage to follow thru on the day</u>
<b>Communication Style:</b> <u>Needs to work on eye contact while speaking to others</u>
<b>Learning Style:</b> <u>verbal instructions &amp; modeling</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>pervasive development disorder</u> <u>autism, anxiety</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Aspirin - can take when handed to her</u> <u>@PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory. Verbally describe obstacles</u> <u>that she must navigate around - physical support as needed</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision - may not see things in front of her</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>lazy (L) eye</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Pick up books &amp; pictures, throw self on ground</u> <u>Pushing others. May try to eat inedibles</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>working, living w mom, step dad &amp; dogs. Fun activities in comm.</u>	
<b>Important for:</b> <u>maintaining good quality of life, opportunities to incorporate and work in comm.</u>	
<b>Likes:</b> <u>dance class &amp; music therapy</u>	
<b>Dislikes:</b> <u>Being told what to do by peers, her old PCA, bread, feeling sick</u>	

Lead Review Completed: Catherine Kelly

Staff: Lathya Pong  
 Date: 12-27-21



Service Recipient: Bill Dobihal  
 Service Span: 8/21-7/22

**Outcomes:**

**Outcome #1:** Will practice copying his phone # upon arrival with 2 or less  
 Summarize Steps: Each morning staff will give copy of phone number, prompts + paper + pen. Staff asked "Bill can you copy the phone # down" if he requires additional prompts staff will provide. If he makes mistake staff will point out and have him fix it.

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Verbal - difficult to understand

**Learning Style:** Verbal instruction, demonstration, a practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes large bites + may swallow large amounts</u> <u>Reminds to eat slowly and chew thoroughly</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assist</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unstable on uneven terrain/ice. Staff assist as needed</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision / Support</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses, depth perception</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Doesn't understand boundaries</u> <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>Have a positive attitude, do the right thing, participate in community family, routine, independence, classes, feel part of a group</u>	
<b>Important for:</b> <u>opportunities to maintain + gain independence, feeling part of the group, opportunities to work</u>	
<b>Likes:</b> <u>Playing harmonica, puzzles, Batman comics, classic rock, lasagna + salad cleaning, McDonalds, Wendys</u>	
<b>Dislikes:</b> <u>Rude people, being parked, feeling disrespected, teasing</u>	

Lead Review Completed: Courtney Kelly

Wilson

Staff: Kathy Perry

Date: 1-4-22



Service Recipient: Nathan Doh

Service Span: 7121-6122

Outcomes:

**Outcome #1:** Follow & complete 3 step/3 task instructions & verbal  
 Summarize Steps: prompt when down time. Staff facilitate role playing scenario staff clearly give 3 to complete in order one after another. Staff observe as completes task. Staff's task staff remind & encourage to keep going. Trace

**Outcome #2:** Pick & participate in / outing a month  
 Summarize Steps: Beginning of month go through list of outings. Pick outing & participate

**Communication Style:** verbal

**Learning Style:** Demonstration & watch him repeat verbal

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A Cut up</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal cues, assist &amp; brief</u> <u>May need encouragement to use BR</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Video games, family, out to eat, shopping, job finding friends &amp; girlfriend</u> <u>job @ McDonalds, living on my own some day</u>
<b>Important for:</b>	<u>family staying safe &amp; healthy, encourage to <del>engage</del> engage in activities, community</u>
<b>Likes:</b>	<u>Video games, family, out to eat &amp; shopping</u> <u>Meat, hot pockets, chili nuggets</u>
<b>Dislikes:</b>	<u>fruits &amp; veggies. when people yell &amp; scream. Being told what to do. People pressuring him</u>

Swiss & parents

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Thaivine Durham  
 Service Span: ~~3/11/21 - 2/28/23~~  
1-22 + 1-23

Outcomes:

<p><b>Outcome #1:</b> <del>Thaivine will practice making phone # &amp; verbal prompt</del>          Summarize Steps: <u>Once a week will greet peers upon arrival within homeroom &amp; verbal prompts</u>  <u>Would like to cont. to develop relationships</u></p>
<p><b>Outcome #2:</b> <del>Practice hand \$ to cashier when purchasing items at least once a month</del>          Summarize Steps: <u>a month or less with prompt. Daily upon arrival Thaivine will stretch her arms &amp; legs as she is able for 5 min. Will stretch arms &amp; legs independently on 2 staff assist</u>  <u>Stop asking she is ready, will stretch for 5 min</u></p>
<p><b>Communication Style:</b> <u>verbally</u></p>
<p><b>Learning Style:</b> <u>verbal instructions paired with visual demonstration</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Seizures:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Hx of seizures - no longer on meds</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Due to CP + spasticity may affect eating &amp; drinking. Sippy cup with spout or straw</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>Bite sized pieces</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>CP</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span></p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Assist @ PAI</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u></p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist w/ transfers - use grab bars - stand, roll to her w/c - assist w/ clothing</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision - assist w/c if needed</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>N/A</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Remind to keep calm &amp; breathe in stressful or scary situations</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Important to:</b> <u>friends, family, boyfriend, talking on phone, music, video games, community, trying new things, art, working, hot/spicy chips, games</u></p>	
<p><b>Important for:</b> <u>access to work &amp; leisure activities, having adequate supports</u></p>	
<p><b>Likes:</b> <u>friends family boyfriend talking on phone music video games socializing, art, R+B, chicken, burgers, pasta, organizing, shopping, being a guest</u></p>	
<p><b>Dislikes:</b> <u>Beets, brussel sprouts, being bored, doing dirty jobs, staying home, nice people</u></p>	

Lead Review Completed: Caitlyn Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Paul Dwyer  
 Service Span: ?

Outcomes:

<p><b>Outcome #1:</b> <u>Will pick &amp; participate in 1 comm. outing per month</u>          Summarize Steps: <u>Staff approach 2 options beginning of month. Ask to pick option. Staff only 2 options at a time - show pictures of outing when day comes he will participate</u></p>
<p><b>Outcome #2:</b> <u>Will choose a break time activity from 2 options</u>          Summarize Steps: <u>At break time will choose an activity from 2 options. Staff ask what he would like to do &amp; offer 2 clear options or can hold up 2 options &amp; have him point to one. Staff assist to get set up</u></p>
<p><b>Communication Style:</b> <u>point &amp; gesture. Can answer yes/no questions non-verbal</u></p>
<p><b>Learning Style:</b> <u>demonstration &amp; practice</u></p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Seasonal</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Eats too fast</u>  <u>Bite sized pieces - assist to cut up</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>plate &amp; lip &amp; a straw</u>  <u>1250 cal</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>recurring eye injections, vasovagal</u></p> <p>DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u>  <u>PAI</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>uses urinal</u></p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>Transfer belt &amp; 2 assist w/c <sup>staff</sup> propel for long distance</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>glasses</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>personal space</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Important to:</b> <u>Main. health, wrestling, family, fun activities, PAI</u>  <u>leisure</u></p>	
<p><b>Important for:</b> <u>access to new &amp; varied act., staying active, maintain health</u></p>	
<p><b>Likes:</b> <u>Wrestling, music, dancing, being active, comm.,</u></p>	
<p><b>Dislikes:</b> <u>loud noises, being naked, being picked on, when others in his space when others are unhappy</u></p>	

Lead Review Completed: Anthony Kelly

Staff: Kathy Perry



Service Recipient: Sam Enger

Date: 12-27-21

Service Span: 11/21-10/22

Outcomes:

Outcome #1: After arriving at PAI + putting things away she will greet peers.

Summarize Steps: Arrive + go thru morning routine. When settled will greet a peer in homeroom

Outcome #2: While attending a community activity using funds, Sam will ask

Summarize Steps: Cashier for a receipt. Put item at checkout, pay for purchase, thank cashier + ask for receipt, put receipt in purse

Communication Style: Verbal

Learning Style: Prefer 1:1 or small groups  
Verbal instruction + demonstration

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: <u>Codine, Sulfate, Cephaline</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has not had one since 2014 - Controlled with meds. Call 911 with seizures</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cardiac - 20 lb lifting restriction DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>knows meds + what they are for. Sets up her own meds weekly @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>occasional accidents assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A will hold on to staff in unfamiliar places or uneven terrain</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times. Recognizes dangerous situations</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision - wears glasses - legally blind I know how to position self to see best</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Recognizes when feeling frustrated - will talk with others. Coping Skills Book DGo Zen on line, thought bucket facts bucket.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Important to: <u>Coping Skills Book</u>	<u>Having own music to listen to, volunteering, helping others</u>
Important for: <u>relationships</u>	<u>advocating for herself, maintain health + safety: social</u>
Likes: <u>Caribou</u>	<u>Sorting crayons, baking dog bones, her dog, church, animals</u>
Dislikes:	

Lead Review Completed: Caitlyn Kelly

willow  
 Staff: Kathy Perry  
 Date: 1-4-22



Service Recipient: Trudy East  
 Service Span: 9/21-8/22

Outcomes:

**Outcome #1:** will work until the end of the shift with verbal prompt  
 Summarize Steps: Staff talk positively about work + productivity reminds of benefits of working

**Outcome #2:** Will pick + participate in 1 comm outing different from previous month  
 Summarize Steps: Approach @ beginning of month + avail outings. Pick outings. Sp picks some outings as month before, encourage to try something new

**Communication Style:** verbal - encourage to work

**Learning Style:**  
Verbal instruction - encourage to work

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hysterectomy</u> <u>mitral valve prolapse</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>@ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ambulatory</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses - assist to clean</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may get distracted + distracted thinking about things in the past</u> <u>upset</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b>	<u>family, working, shopping (thrift stores), music, dolls + planning parties with them, socializing</u>
<b>Important for:</b>	<u>opportunities to do activities a hobbies she loves, want to stay active</u>
<b>Likes:</b>	<u>Shopping, animals, dolls, color, oldies</u>
<b>Dislikes:</b>	<u>mayo, salad dressing, being rushed, being reminded of sad things from past + being told what to do by others</u>

Lead Review Completed: Catherine Kelly

W Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Abenezer Fida  
 Service Span: 5/21-4/22

Outcomes:

**Outcome #1:** Will choose and participate in 1 outing a month  
 Summarize Steps: Each month staff will approach with the months outing calendar. Staff will encourage him to choose one outing for the month. When the day approaches he will attend the outing.

**Outcome #2:** Once a week will meet an employment specialist to discuss job opportunities in the community.  
 Summarize Steps: Staff will keep Abenezer up to date with his scheduled meeting times. Encourage him to attend his empl. services meeting. Come meeting time, he will attend.

**Communication Style:** Verbal

**Learning Style:** Verbal directives

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>protocol + PRN - bring on outings</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervision when eating. Assist to cut up food</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None @ PAI except PRN Needs assist</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulatory</u> <u>May become unsteady when upset - Staff prompt to slow down</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs supervision at all times</u>	
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cutting / running away, pushing, throwing things at others yelling, swearing, threatening to hurt self</u> <u>Can use coping skills</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>Spending time w friends, being w family on weekends</u> <u>Consistency in schedule</u>		
<b>Important for:</b> <u>Learning &amp; using coping skills, learning things to ↑ independence</u> <u>working out to stay healthy, being included in making decisions that affect him.</u>		
<b>Likes:</b> <u>Video games, music, singing, art projects &amp; drawing</u>		
<b>Dislikes:</b>		

(R) sided hemiparesis

Staff: Kathy Perry  
 Date: 12-29-21



Service Recipient: Elissa Fisher  
 Service Span: 2/21-1/22

Outcomes:

<p><b>Outcome #1:</b> Will accurately write + recite brother's phone # once a day in her room</p> <p>Summarize Steps: Staff gives paper + phone #        First practice writing # from piece of paper then cover # + recite aloud from memory. Help if gets stuck</p>
<p><b>Outcome #2:</b> Will pick + participate in at least 1 new outing per month</p> <p>Summarize Steps: Approach @ beginning of month + explain different outings avail.        Choose 1 outing. If chooses same outing as month before ask her to try a new one</p>
<p><b>Communication Style:</b> verbally</p>
<p><b>Learning Style:</b>        Verbal instructions and practice</p>

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

<p><b>Allergies:</b> Seizures  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: N/A</p>
<p><b>Seizures:</b> Allergies  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Seasonally sensitive to dairy (year rounds)</p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Eats fast. May carry food around</p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: 1200-1300 cal. diet 1 pop a day        Ref to follow diet @ times Try to get pop remind to slow ↓</p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: anxiety        DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Hx of refusing meds        Needs assist PRN for allergies @ PAI</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: Indep</p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: assist on slippery surfaces        out of breath long walks - chapped thighs + long walks</p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Supervise all times</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: wears glasses - assist to clean</p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: Bands over in front of others - says she would cooperate with male touching her. Inappropriate clothing. May yell + threaten others on bus. Swears, racial slurs, yell, mock others</p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Supervision</p>
<p><b>Important to:</b> Staff at home, work, family + friends, Michael Jackson, Mr Dew + Spike Jacob, nachos, burritos Staff @ PAI, mom, dog, walking</p>	
<p><b>Important for:</b> Staying healthy following healthy diet</p>	
<p><b>Likes:</b> Karaoke, 1/2 price books, music, bingo, boyfriend, bowling</p>	
<p><b>Dislikes:</b> peers bossing her around + give her directions. Spicy or greasy foods new people at work. People who yell + scream</p>	

Lead Review Completed: Courtney Kelley

Staff: Bathy Perry  
 Date: 12-28-21



Service Recipient: Sameera Flower  
 Service Span: 2/21-1/22

Outcomes:

<p><b>Outcome #1:</b> <u>Will participate in 1 new community outing per month</u>          Summarize Steps: <u>Staff approach at beginning of month &amp; month's outings</u>  <u>Sameera pick at least one. When outing comes she will attend - if</u>  <u>resists staff will remind her</u></p>
<p><b>Outcome #2:</b> <u>Will pick a journaling prompt from a provided list and</u>          Summarize Steps: <u>journal each morning in homeroom</u>  <u>Report to homeroom &amp; put things away. Will get journal out - if not</u>  <u>5 min staff will remind. Will pick journaling prompt. Journal</u>  <u>on the topic and show to staff</u></p>
<p><b>Communication Style:</b> <u>Verbal</u></p>
<p><b>Learning Style:</b> <u>Verbal explanations and practice</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>No pork or gelatin. May not make healthy food</u>  <u>choices</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Autism, fragile X chromosome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <del>PAI</del></p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u>  <u>None @ PAI</u></p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Snaps. When excited or anxious may walk fast</u>  <u>+ not take precautions</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision at all times</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Routine, rituals change in schedule &amp; unexpected</u>  <u>events cause anxiety. Worry about weather</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Important to:</b> <u>Music - have back up batteries, out to eat, making lists, artworks</u>  <u>friendly people, family, Mary Poppins, music - bottles. Having a job, Katelyn, Jacob Bell</u></p>	
<p><b>Important for:</b> <u>consistent supports, const. towards on social skills &amp;</u>  <u>have opportunities to work</u></p>	
<p><b>Likes:</b> <u>yogurt, cheese chips, pasta "celebration (birthdays), working on cards,</u>  <u>relaxing in room, computer, music, time &amp; family</u></p>	
<p><b>Dislikes:</b> <u>Bad weather, changes in schedule that she doesn't know</u>  <u>Some peers, some classes, closed in spaces</u></p>	

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Jericho Frost  
 Service Span: 1/22-12/22

**Outcomes:**

**Outcome #1:** Will practice counting money once a day in morning  
 Summarize Steps: In homeroom, staff will gather supplies. Line up pictures of bills (\$1, \$5, \$10, \$20) on (L) & pictures of numbers (1, 5, 10, 20) on (R). Ask Jericho to match numbers to bills. Once attempted give feedback + explain + help him make needed corrections. Do coins also

**Outcome #2:** Will volunteer at PAI once a month. Will approach staff once a week to converse about his week & any anxieties experienced  
 Summarize Steps: Will approach staff once a week to converse. If he does not approach, staff will approach him. He will share about his week and anything staff can do to assist him

**Communication Style:** Verbal

**Learning Style:** verbal directions with visual demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low fat</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI Assistance from staff</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times</u>	
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

**Important to:** Receive affirmations when doing a good job. Stay busy opportunity to participate in activities

**Important for:** Have staff support to stay safe + incorporate in his community. Opportunities to volunteer/work

**Likes:** shopping, Disney movies, going on vacation

**Dislikes:** People arguing/fighting, loud noises, mad people

Lead Review Completed: Courtney Kelly

Widow

Staff: Kathy Perry

Date: 1-11-22



Service Recipient: Brittany Gesehof

Service Span: 12/21 - 5/22

Outcomes:

Outcome #1: Will Choose & Practice Social skills worksheet each morning  
Summarize Steps: Each morning during down time will work on social skills act. with staff to practice social skills  
will actively participate

Outcome #2: Will Choose & attend Comm. outing once a month  
Summarize Steps: Staff approach at beginning of month & choices. Choose 1  
Participate

Communication Style: Verbal

Learning Style: Communication & role modeling

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>N/A</u>	
Seizures: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>as directed</u> <u>@ PAI</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to:	<u>Family, interact &amp; spend time &amp; friends, Mt Dew, IAPA taking pictures, out to eat, swimming, Face time</u>	
Important for:	<u>Out to eat, swimming, staying safe &amp; healthy on outings, being cautious walking in crowds, being aware of potentially dangerous people &amp; places</u>	
Likes:	<u>Out to eat, going to mall, Country music, Face time</u>	
Dislikes:	<u>veggies, extreme temps, barking dogs, holding multiple items in her hands, being told what to do, unfriendly people, people who yell &amp; scream</u>	

Lead Review Completed: Cathy Kelly

Staff: Harby Perry

Date: 1-11-22



Service Recipient: Daniel Geisenhof

Service Span: 10/21 - 10/22

Outcomes:

Outcome #1: Maintain appropriate physical boundaries w/ peers

Summarize Steps: Staff will model, teach & encourage & maintain appropriate physical boundaries - No touching other peers. Staff see him touching will intervene politely ask to keep hands to themselves. In private remind him of importance of boundaries in work setting.

Outcome #2: Model good role model qualities & maintain positive attitude

Summarize Steps: When presenting class to group, staff will explain what is happening & designate behind groups. If Dan chimes in with neg feedback in front of peers staff will ask if he can give it a try before judging. Staff talk to him in private about positive attitude & how a role model should look.

Communication Style: Verbal

Learning Style: Verbal instructions + practice

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>N/A</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Aerodyspnoia</u> <u>asthma - carries inhaler</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>assist</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Working, stay active, play sports, try new things in comm. trusted people he can talk to job where he works independently.</u>
Important for:	<u>Opportunity to work &amp; take classes. Having time/space time to process info</u>
Likes:	<u>basketball, swim, TV, church, making &amp; spending of video game</u>
Dislikes:	<u>most veggies, especially tomatoes &amp; being argued with</u>

Lead Review Completed: Caitlyn Kelly

Staff: Kathy Perry  
 Date: 12-27-21



Service Recipient: Sara Crahn  
 Service Span: 9/21-8/22

**Outcomes:**

**Outcome #1:** When on community outing - will give cash to cashier + obtain change + receipt + give to staff with 1 or fewer cues  
 Summarize Steps: Staff will prompt verbally if needed.

**Outcome #2:** Each morning Sara attends she will practice counting in her room  
 Summarize Steps: Sara will get her fake \$ and practice counting out loud to staff

**Communication Style:** Verbal

**Learning Style:** Simple verbal instruction

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hypotonic CP, hypothyroidism</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Need assistance @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>weaker on (R) side. Will ask for assist as needed</u> <u>NIA</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision - wears glasses - assist to clean</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Doesn't understand personal boundaries</u> <u>NIA</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>Obtain a job in community, be as independent as possible, supports stay healthy, healthy eating choices. Feel safe. Being a good friend out to eat, coffee</u>	
<b>Important for:</b> <u>people to support + motivate. limited caffeine intake. consistent supports to talk through things</u>	
<b>Likes:</b> <u>Coffee, Bowling, playing games, Dollar Tree, 5 Below, talking on the phone listening to music, arts &amp; crafts</u>	
<b>Dislikes:</b> <u>mushrooms, spicy foods. Taking out the garbage. Being disrupted during work, people telling her what to do.</u>	

Lead Review Completed: Caitlyn Kelly

B  
Staff: Kathy Perry  
Date: 1-10-22



Service Recipient: Alvaro Gutierrez-Campos  
Service Span: 12/21-12/22

Outcomes:

**Outcome #1:** Cont. to work on Comm. Skills. Will practice separately selecting words  
Summarize Steps: In English + Spanish using flash cards  
During downtime today will ask him to get flash cards. Start choose a flash card & directing  
a common word what would be helpful. Even say words in Spanish if can't figure  
it out will tell him word. Ask him to say in English if doesn't know. 3 words per day

**Outcome #2:** Cont. to try new eating location & experiences in Comm.  
Summarize Steps: Approach at beginning of month & different settings. Alvaro will choose  
ordering. If chooses same out as month before, encourage to pick a different  
one

**Communication Style:** Spanish main language

**Learning Style:** One step instructions in English - modelling  
Clear directions & ask concise questions

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>0</u> <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>controlled &amp; meds</u> <u>Corpus colostomy surgery</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up foods</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CVA, microcephaly, cataracts</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady - staff offer hand on arm</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cataracts</u> <u>glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>family, friends, Spanish music, dancing, iPad, video games</u> <u>During &amp; family job</u>	
<b>Important for:</b> <u>Comm., supports &amp; communication, supports to stay</u> <u>healthy &amp; happy</u>	
<b>Likes:</b> <u>music, dancing, working, Mex food</u>	
<b>Dislikes:</b> <u>Does not dislike anything</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Jason Cashers  
 Service Span: 10/21-9/22

Outcomes:

**Outcome #1:** Choose a class each week that he is willing to attend  
 Summarize Steps: Each week staff will meet with him to schedule what class to attend  
Staff help to keep him engaged & participating

**Outcome #2:** Will go off-site once a month to experience community  
 Summarize Steps: Beginning of month go over outings or volunteer opportunities  
if expresses interest, staff will schedule  
Will attend

Communication Style: Verbal

Learning Style: Verbal directions, demonstration  
model if necessary

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: <u>Keppra</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence seizures</u> <u>Call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats fast &amp; doesn't chew properly</u> <u>Verbal cues</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1500 cal impulse control &amp; unhealthy foods</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hx of blood clots</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>can take when handed to him - assist</u> <u>PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing &amp; eyesight. wear reg. glasses and</u> <u>hearing aids</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Impulse control Hx of physical aggression 2016</u> <u>Hx of yelling &amp; shouting when upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	<u>cooking class, video games, playcheck, talking to friends</u>
Important for:	<u>Following healthy diet, work</u>
Likes:	<u>video games, shopping, movies, making</u>
Dislikes:	<u>being ordered around, following his diet, people who yell and are mean</u>

Lead Review Completed: Catherine Kelly

Worshippers

Staff: Kathy Perry  
Date: 1-4-22



Service Recipient: Molly Harrett  
Service Span: 7121-6122

Outcomes:

**Outcome #1:** accurately identify important times in her schedule with  
 Summarize Steps: 1. prompt of breakfast time + get cards out at break table if ready to practice time - if correct ask what she would do at that time. If she doesn't show card + time - if correct ask what she would do at that time. additional prompts as needed. go thru stack in chronological order.  
**Outcome #2:** will personally hand money to cashier when purchasing items  
 Summarize Steps: in the community once a month.

Communication Style: verbal - encouragement

Learning Style: verbal, demonstration, practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat too fast - bite sized</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist @ PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist to mensaid + clean up in BK help to buttons</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory - help on uneven terrain</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>can tell others what is bothering herself May hit her head. Has hit + pulled hair of others</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>living w family, fun activities, staying busy</u>	
<b>Important for:</b> <u>opportunities to work new &amp; varied act in comm.</u>	
<b>Likes:</b> <u>cooking, cleaning, music, board games, TV, + shopping</u>	
<b>Dislikes:</b> <u>Some veggies, loud people, hard questions, feeling stressed</u>	

Lead Review Completed: Century Kelly

Went to see

Staff: Kathy Perry

Date: 1-4-22



Service Recipient: Craig Hartman

Service Span: 2/21-3/22

Outcomes:

Outcome #1: Will practice money addition skills by identifying correct bills & coins to make given amount of \$.  
Summarize Steps: At break Craig will gather bills & coins. Staff give card of amount. Give a few min. Practice. If wrong coach

Outcome #2: Will volunteer at PAE once a month  
Summarize Steps: When available staff tell what is available. Craig will decide if he wants to try it attend 1 per month

Communication Style: verbally

Learning Style: verbal instruction paired with visual demonstrations

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: ASA, zaronitin, depakote, perfume & dyes in soaps/detergents
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hx of seizures
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lo cholesterol, limit caffeine. Staff assist diet wants to lose weight, eat less junk food
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: pre diabetes, bowel blockages 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: assist
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: ambulatory
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Loud noises/rooms causal him to be overwhelmed
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staring, raising voice may scratch, bite, or hit self when overwhelmed
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

Important to: affirmations, act. where he feels he's making a positive impact help the Eagles, spend time w Lisa, to stay busy

Important for: follow a healthy diet, support to stay safe, work

Likes: Country music, Top 40, volunteering, helping others, helping animals News, Shopping, Bowling, family

Dislikes: eating junk food, loud noises, cleaning up icky messes

Uses headphones + music for relaxation.

Lead Review Completed: Catherine Kelly

Staff: Barry Perry

Date: 1-10-22



Service Recipient: Deb Haworth

Service Span: 10-21 - 10-22

Outcomes:

Outcome #1: Will work on IAD skills once a week

Summarize Steps: In homeroom, Deb will know IAD. Stay away with for the duration. Will work & stay on skills/tasks she already knows & what she still needs to learn. Staff will suggest different tasks to try & will watch to test proficiency & offer advice. Will actively participate in new things

Outcome #2: Will pick & participate in 1 outing a month - Comm can be stressful

Summarize Steps: Beginning of month staff will let her know upcoming outings. She will have a chance to ask questions. Pick 1 outing. Participate. Staff will be with her on outing to offer support. Encourage to try new things reminding that staying at actual in Comm is a goal of hers

Communication Style: Verbal

Learning Style: Verbal instructions & modeling

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: <u>meds</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>petit mal - managed &amp; meds</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP</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>assist</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears AFO's walker Point out obstacles</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - glasses</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may yell at peers &amp; tell them what to do.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>family, Comm, art &amp; crafts, being independent as possible &amp; making own decisions, autonomy myself &amp; positive people</u>
Important for:	<u>having physical supports to maintain health</u>
Likes:	<u>using her tablet, working, arts &amp; crafts, bowling</u>
Dislikes:	<u>Individuals who are loud or gossip. Sitting too long, being told what to do or where to sit on the bus</u>

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Josie Hernandez  
 Service Span: 12/21-12/22

Outcomes:

**Outcome #1:** Will complete worksheet to help settle her in AM  
 Summarize Steps: End up get out worksheet - anything she would like, of doing other things or sitting alone, give a few min then ask if she is going to do a worksheet, if she rep, remind that she identified this as an act. That helps her anxiety that she wants to do daily. Do not pressure

**Outcome #2:** Will participate in making transactions in comm  
 Summarize Steps: when available, stop, explain opportunities. If she doesn't like choices she may say no

**Communication Style:** Verbal      Body language

**Learning Style:** practice + routine

#3  
 voice volunteer once a month

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Major depressive disorder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>bi Polar II, anxiety</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>uses "nose clip" to indep.</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anxiety</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>family, staying busy, social events + scheduled outings</u>
<b>Important for:</b>	<u>mental health support + her support team</u>
<b>Likes:</b>	<u>library, using zoom, Highland Friends club, bingo, walking trails</u>
<b>Dislikes:</b>	<u>Crowds, loud noises, alarms, unclear expectations feeling like someone is upset w her</u>

Outcome 2 - comm sitting once a month.  
stop approach beginning of month where she can go + make a purchase.  
can carry own \$, remind to get \$ out.  
gave receipts change from cashier

Lead Review Completed: Kathy Perry

Staff: Kathy Berry

Date: 1-5-22



Service Recipient: Matthew Hutchinson

Service Span: July 21 - June 22

Outcomes:

<p><b>Outcome #1:</b> Will follow written microwave instructions to heat lunch.</p> <p>Summarize Steps: <u>1. On less prompts</u>  <u>Set her lunch - set it to heat - doesn't initiate stop well</u>  <u>turn. Instructions from parents on how to read a follow directions</u>  <u>Remind that it's hot. Do independently 1 prompt</u></p>
<p><b>Outcome #2:</b> Use comm device to order food @ restaurant.</p> <p>Summarize Steps: <u>Get comm. device (iphone) Stage assist to look @ menu at end of time. Independently use device to place order. Use device to answer any cashier questions.</u></p>
<p><b>Communication Style:</b> Comm device or can write thing down <u>Phrases / words</u>  <u>non verbal</u> Will usually try to speak verbally first <u>short phrases, gestures</u></p>
<p><b>Learning Style:</b> Clear directions &amp; expectations <u>Practice, hand on</u> <u>body language</u>  <u>and repetition</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>verbal cues, supervision. Too much food in mouth, eats fast</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>May over eat - supervise portion control cut up.</u></p>
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>autism</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist all liquid or put in food.</u>  <u>OPAI</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>reminders. Needs assist. Tactile dependent makes washing hands &amp; face difficult. assist &amp; wiping</u></p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>ambulatory</u>  <u>N/A</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Doesn't like getting hands wet. Loud noises, crowds</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>loud vocalizations, humming, rocking, yelling</u>  <u>May bump into others not intentional</u>  <u>loud voices/crowds Remind to take deep breaths. May jump out</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Important to:</b> <u>Computers, IPAD, i reader, family, friends, consistent &amp; predictable schedule</u></p>	
<p><b>Important for:</b> <u>maint. routine, family support, staying active in community staying healthy</u></p>	
<p><b>Likes:</b> <u>walks, bowling, car rides, swimming, reading, PMCA, gold fish crackers PB&amp;J sandwiches</u></p>	
<p><b>Dislikes:</b> <u>Getting hands wet, messy situations, changes in routine, loud noises &amp; parents, not knowing what to expect.</u></p>	

lives @ home  
Doesn't know his own strength

Lead Review Completed: Caitany Kelly

Staff: Kathy Pew



Service Recipient: Elizabeth Jantz

Date: 12-29-21

Service Span: 2/21-1/22

Outcomes:

Outcome #1: Will practice home address daily by copying it down + reading out loud.

Summarize Steps: Homeroom give copy of address, ask can you copy address down, ask an additional time. If makes a mistake - explain ask to say out loud

Outcome #2: Will help make transactions in the community.

Summarize Steps: Will carry own \$, get \$ ready while waiting to check out indep. hand to cashier. If she doesn't do verbally remind. Will take change & receipt. Verbal reminders if she does not

Communication Style: Verbal

Learning Style: Verbal instructions, demonstration, practice

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: <u>morphine anesthesia <del>for</del> lactose intolerant</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic clonic has PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind to eat slowly + thoroughly chew food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lactose intolerant cut up nickel sized pieces</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance here at PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Indep</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Encouraging climbing - may climb things that are not meant to be climbed Ambulatory "Please stop. Not safe"</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eyes - wears glasses</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May remove seatbelt &amp; stand up while vehicle is moving.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	<u>Housemates, TV, family + friends, Staff, working Parents, good food, work</u>
Important for:	<u>Support to eat healthy Community</u>
Likes:	<u>Animals, Salads, joking around, affirmations + attention Puzzles Uno</u>
Dislikes:	<u>being rushed, people arguing, dentist</u>

Lead Review Completed: Caitany Kelly

Staff: Kerry Perry  
 Date: 1-5-22



Service Recipient: Hanna Johnson  
 Service Span: 12/21 - 11/22

Outcomes:

<b>Outcome #1:</b> <u>Will choose &amp; participate in outings twice a month</u> Summarize Steps: <u>Staff approach at beginning of month with outing schedule</u> <u>Encourage to pick 2 outings</u> <u>When day comes she will attend</u>
<b>Outcome #2:</b> <u>Will review &amp; practice social skills 2 staff each morning</u> Summarize Steps: <u>Each morning Hanna will work 1:1 2 staff on a social activity</u> <u>Can include role play, video, or completing worksheet &amp; reviewing</u> <u>2 staff will actively participate</u>
<b>Communication Style:</b> <u>verbal</u>
<b>Learning Style:</b> <u>verbal directions &amp; modeling. Benefits from staff showing her once &amp; her repeating it.</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ciproflaxin Cephalixin</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Aspirin</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u> <u>Needs reminders to stay on task</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>Family, bowling, face timing, helping to cook &amp; make lunch. Being seen &amp; heard. Gaining &amp; maintaining indep.</u>	
<b>Important for:</b> <u>art projects, bowling, friends &amp; family</u> <u>access to work Proper supports to get job</u>	
<b>Likes:</b> <u>coloring, animals, gardening, cooking, fishing, bowling, spaghetti</u> <u>lasagna pizza</u>	
<b>Dislikes:</b> <u>asparagus, cream corn aggressive &amp; argumentative people</u> <u>undefined tasks &amp; expectations</u>	

lives @ home

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Mark Johnson  
 Service Span: 4/21-3/22

Outcomes:

<b>Outcome #1:</b> <u>Once a week 2 Coaching, Mark will talk/interact 2 peers +</u> Summarize Steps: <u>Share something new or exciting</u> <u>Once a week staff will ask Mark a peer + encourage to share something fun</u> <u>he did recently, something he watched or anything exciting</u> <u>did + encourage conversation</u>
<b>Outcome #2:</b> <u>Participate in 1 comm. activity - different from previous month</u> Summarize Steps: <u>Beginning of month go over list. Explain options? if chooses same</u> <u>as last month ask to pick another.</u> <u>Will participate</u>
<b>Communication Style:</b> <u>verbal but unintelligible. May not reciprocate conversation</u> <u>assist to initiate conversation</u>
<b>Learning Style:</b> <u>Verbal instruction + repetition</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>insect bites - rash + weat</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>grand mal - 1st on Dec. 2020</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>multiple verb prompts to slow down + take small bites</u> <u>Bite sized. Supervise at all times</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>struggled 2 overeating + eating non-nutritious food</u> <u>will eat until he vomits. Judge, cooked at home due to eating</u> <u>disorder NO extra food/drink</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism</u> <u>Spastic diplegia CP</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist as needed. Verbal prompts</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory - very steady</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>	
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Very rigid, - change not good. Does not like to touch</u> <u>things. Physically aggressive when upset. Will eat paper, dirt,</u> <u>raw pizza items Shy. Do not touch or be close</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>Talking about weather. Include in conversation + ask opinion</u> <u>out. Swing 2 parents, working, staying busy</u>		
<b>Important for:</b> <u>Staying safe + maintaining good health</u>		
<b>Likes:</b> <u>out to eat, bowling, old game shows, TV, old movies, music (R&amp;B-motown)</u>		
<b>Dislikes:</b> <u>when people touch or invade his personal space, being bored</u>		

likes 2 parents

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Jodi King  
 Service Span: 8/21 - 8/22

Outcomes:

<p><b>Outcome #1:</b> <u>Will accurately name 2-3 peers each morning</u>          Summarize Steps: <u>After getting settled in staff will point to peer in room &amp; ask, 'do you remember their name?' Verbally praise when right - tell her name if doesn't know Repeat 3 individuals - different individuals each day</u></p>
<p><b>Outcome #2:</b> <u>Will participate in vol. opportunity 1x wk</u>          Summarize Steps: <u>Staff will tell vol. opportunities at beginning of month Jodi pick vol. opportunity. Will attend</u></p>
<p><b>Communication Style:</b> <u>verbal</u>  <u>verbal praise</u></p>
<p><b>Learning Style:</b> <u>Verbal instructions &amp; practice</u></p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>hay fever, sensitive to latex, cats, food sensitivities</u>  <u>Chocolate, strawberries, oranges</u></p>
<p><b>Seizures:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>partial &amp; grandmal</u>  <u>may increase if having hot/cold sores</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>bite sized - assist to cut</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>fluid restrictions, bite sized, 1200 cal.</u>  <u>10 Sodium</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>TBI</u>  <u>liver hemorrhage, high/lo body temp</u>  <u>2 side hemiparesis, osteopenia</u>          DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes  <u>diabetes insipidus</u></p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u>  <u>Has seizure PRN</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist in restroom. assist to wash &amp; dry hands</u></p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>w/c</u></p>	<p>Describe Supports: <u>assist to transfers. AFO's, compression socks.</u>  <u>If feeling weak will ask for 2 assist (C) hand splint, hat belt/assist</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>(L) field cut - stand on (R) side for transfers</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>appropriate boundaries</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p><b>Important to:</b> <u>opportunities &amp; scheduled act- in comm, being happy, pleasing others</u>  <u>staying busy Church, socialization</u></p>	
<p><b>Important for:</b> <u>social activities, maintaining good health by following diet</u>  <u>work</u></p>	
<p><b>Likes:</b> <u>cards, board games, drumming/music, church, bowling, animals</u>  <u>ice cream socializing, volunteering, writing to Sister</u></p>	
<p><b>Dislikes:</b> <u>being sick, people arguing/bickering, bad attitudes</u></p>	

Lead Review Completed: Cathy Kelly



B Staff: Kathy Perry  
 Date: 1-11-22



Service Recipient: Katie Lammers  
 Service Span: 9/21 - 9/22

Outcomes:

**Outcome #1:** Review her schedule each AM with staff & tell them what she's doing for the day  
 Summarize Steps: Will approach staff to tell what she is doing for the day. Had a copy of her schedule. Staff give 2 verbal prompts.

**Outcome #2:** Stretch or do yoga daily  
 Summarize Steps: Staff give 1 verbal prompt if she doesn't do so indep.

**Communication Style:** verbal

**Learning Style:** verbal instructions

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sulfa drugs, wine</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can eat indep. Chokes on liquids drinking too fast</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>TBI ataxia, short term memory loss</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>In bathroom assist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady gait - uses walker @ times WIC @ PAI Maybell</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Short term memory</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>work, socialization, being active. Learning + maint. indep.</u>	
<b>Important for:</b> <u>socializing, community, gaining indep.</u>	
<b>Likes:</b> <u>Baking, making knacellets, watching hockey, peppermint bon bon ice cream, pasta, music, ex</u>	
<b>Dislikes:</b> <u>Spicy food, loud people rude people</u>	

Lead Review Completed: Catherine Kelly

Staff: Hathy Perry  
 Date: 1-5-22



Service Recipient: Miya Lee  
 Service Span: 5/21-4/22

Outcomes:

**Outcome #1:** Miya will greet a staff or peer each morning using ASL.  
 Summarize Steps: Give 5 min upon arrival to independently approach a staff or peer and greet them using ASL. So she has not greeted in 5 min, staff greet miya using ASL + encourage her to greet back or help guide her to greet a peer.

**Outcome #2:** Once a month will join a walking group or take a walk around the building in winter months.  
 Summarize Steps: Once a month independently walk at Lx for 10 mins. If she does not do in AM encourage a lunch if still doesn't stop walk around building in afternoon.

**Communication Style:** non verbal - Basic ASL  
ve

**Learning Style:** verbal cues, ASL  
Verbal instructions paired with usual/physical demonstrations

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats fast - remind to slow down</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut up Lactose intolerant Bite sized pieces</u> <u>Sensitive to: spicy foods, canned fruit, chocolate</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>med arthritis in knees</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Skin sensitivity, at risk of retinal detachment</u> <u>Hep B+</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision - may not swallow then will spit them out</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist - can dress self wears knieps @ noc</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision!</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses, hearing loss - no hearing aids</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Will rub her hair when too long</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sup</u> <u>N/A</u>
<b>Important to:</b> <u>Short hair</u>	<u>Meaningful relationships, comm. connections, family &amp; friends through music</u>
<b>Important for:</b>	<u>living in family, making meaningful relationships &amp; comm. connections</u> <u>Training/ment. comm &amp; social skills</u>
<b>Likes:</b>	<u>movies, jokes, music, cooking, purses, wallets, jewelry, ASL, dancing</u> <u>shipped animals</u>
<b>Dislikes:</b>	<u>When her hair grows long. When people tell her to put her things away</u>

Lives @ home

Lead Review Completed: Catherine Kelly

B Staff: Kathy Perry  
 Date: 1-6-22



Service Recipient: Debra Leo  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Plan + participate in 3 outings per month 3x week  
 Summarize Steps: will learn a new French word of her choosing upon arrival Staff will ask what word she would like to learn. Staff will assist to look up word on IPAD or computer. Debra will keep record of words or statements she has learned

**Outcome #2:** Participate in volunteer activity 2x month volunteer.  
 Summarize Steps: at beginning of month staff will go over list of outings opportunities. Staff explain opportunity + assist in picking 2. Encourage to participate

**Communication Style:** Verbal

**Learning Style:** Verbal instruction + modeling + practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A Bite sized</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Self admin</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears pad - can change. Remind to use BR assist in BR clean up</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can get frustrated + confused. Staff assist when she asks for help. Verbal encouragement + redirection</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>friends, music, family, animals, stuffed animals, playing bgt</u>
<b>Important for:</b>	<u>healthy diet choices, enough sleep, opportunity to be with others</u>
<b>Likes:</b>	<u>Special Olympics, reading, drawing, video games, crafts, music, watching dogs, breakfast noises</u>
<b>Dislikes:</b>	<u>Chaos, conflict, argument, loud noises</u>

to live with family

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry



Service Recipient: Toby LeFage

Date: 12-27-21

Service Span: 4/21-3/22

Outcomes:

<b>Outcome #1:</b> <u>Once a week will greet peer upon arrival</u> Summarize Steps: <u>Upon arrival Staff will greet Toby + ask if he would like to do his</u> <u>outcome. Toby responds well to verbal prompts. Toby will greet peer</u>
<b>Outcome #2:</b> <u>Twice a month choose community outing + attend</u> Summarize Steps: <u>at beginning of month staff will inform of community outings</u> <u>if he expresses interest, staff will schedule</u>
<b>Communication Style:</b> <u>verbal some sign difficult to understand</u>
<b>Learning Style:</b> <u>Verbal Cues</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up food</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hypothyroidism</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assist. None at PAI knows what meds</u> <u>are for None @ PAI</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist w/ shower, buttoning + zipping + tying shoes</u> <u>assist w/ teeth as having</u> <u>assist to clean toilet</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory, unsteady at times - walks on toes</u> <u>assist w/ uneven terrain flat footed</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eyesight - depth perception - glasses</u> <u>Doesn't like dark or loud noises</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>None - get in others space. resistance + swearing</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervised at all times</u>	
<b>Important to:</b> <u>Contribute to community in meaningful way, be active, that</u> <u>needs + wants are known, choices of what to eat, music</u>		
<b>Important for:</b> <u>Opportunities to volunteer, stay physically active, learning + maintaining</u> <u>independence</u>		
<b>Likes:</b> <u>Computer games, movies, sports, swimming, darning, word plays</u> <u>church</u>		
<b>Dislikes:</b> <u>fact of dog + loud children, dirty hands, moist fruits, big crowds</u>		

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 12-29-21



Service Recipient: Arnold Levine  
 Service Span: 3/21-2/22

Outcomes:

**Outcome #1:** Pick + participate in 1 Comm. activity per month  
 Summarize Steps: First of month approach about avail outings  
Show pictures if necessary. Choose an outing. Attend when day comes

**Outcome #2:** Will attend his morning class independently  
 Summarize Steps: allow to put belongings away + settle in  
tell what class he is in. Will report to class. If wandering the building  
or going to work floor - redirect to class

**Communication Style:** Verbal

**Learning Style:** Verbal instruction and practice

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>adhesive, bacitracin, latex, neosporin</u> <u>hydrocortisone</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dentures</u> <u>Eats too fast - too much in mouth</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of underweight - needs morning snack</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist</u> <u>0 PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>catheter - staff assist to empty</u> <u>assist changing</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unsteady on uneven terrain/slippery areas</u> <u>Sometimes doesn't watch where he is going. Does not like</u> <u>escalators</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing</u> <u>speech may be difficult to understand</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Pick at nails, cuticles, cuts + scrapes</u> <u>physically - target people he doesn't like</u> <u>verbally aggressive</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>Shopping, coffee, trips + vacations, working + making paycheck</u> <u>taking day off, dreaming about trips,</u>	
<b>Important for:</b> <u>maintain good health, staying active, community</u>	
<b>Likes:</b> <u>daily coffee, newspaper, resting at home, shopping, working</u>	
<b>Dislikes:</b> <u>people bossing him around, ice cream, rude people</u>	

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Dawn Line  
 Service Span: 9/21 - 8/22

Outcomes:

**Outcome #1:** Will utilize a skill when reactive & attempt to get back to work.  
 Summarize Steps: baseline & 2 prompts  
When arrives will go to homeroom. Independently get out DBT log worksheet to work on to help her focus on staying regulated. She does not want to do worksheet. Staff will remind her that she has chosen to do this to regulate herself.

**Outcome #2:** Set a boundary & assert her needs so that she is able to.  
 Summarize Steps: regulate her emotions & 2 cues.  
When arrives will go to homeroom. Indep. share & stay if feeling dysregulated what she needs & set up boundary to get her need met.

**Communication Style:** Verbal

**Learning Style:** Verbal and demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Dust</u> <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Susac</u> <u>FAS, PTSD, ADHD, ICA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>@ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of dizziness &amp; balance issues due to Susac</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>(R) eye impaired. Had series of mini strokes</u> <u>Hx of ear aches - has ear vents chooses not to wear glasses</u> <u>Sensitivity of smells</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Neg &amp; manipulative relationships, sex &amp; strangers</u> <u>Poor boundaries. yell, call names, make faces, stick tongue out</u> <u>Physical aggression. Charges of disorderly conduct</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>Vikings, independence, animals, things to look forward to</u> <u>horse therapy - dogs @ Parents, softball</u>	
<b>Important for:</b> <u>Horse therapy, activities to keep busy, DBT</u>	
<b>Likes:</b> <u>Horses, Vikings, DBT, working, animals, caffeine</u>	
<b>Dislikes:</b> <u>Being told what to do, Vikings lose</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Karen Loven  
 Service Span: 3/21-2/22

**Outcomes:**

**Outcome #1:** when has a conflict or disagreement with staff, Karen will appropriately summarize steps ask staff if they can talk in private + explain steps of locating room to speak with supervisor  
 Summarize Steps How things are worded + tone of voice are very important, very sensitive to  
 She will use coping skills to politely ask staff to talk in private

**Outcome #2:** Will work on desired project 1:1 2 steps once a week  
 Summarize Steps once a week Karen will share 1:1 time w/ staff to work on something of her choosing  
 Karen will give undivided attention to staff + converse share interests + opinions

**Communication Style:** Verbal - Once upset needs break to process feelings

**Learning Style:** Verbal instructions - practice

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Penicillin, Sulfa, cats, seasonal</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lactose intolerant, avoid spicy foods</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Williams Syndrome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>heart murmur - may feel heart racing + feel stuff. Staff have her sit w. of her better in 5 min call 911</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <del>OPAA</del> <u>1 PEN @ PAI - inhaler</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Glasses, hearing aid</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>Family, work + massage @, IADs being respected, looking nice, church privacy, dogs</u>	
<b>Important for:</b> <u>"take 5" when needed, maint. good health, being happy, community</u>	
<b>Likes:</b> <u>PAI, staff, dogs, family, shopping, TV</u>	
<b>Dislikes:</b> <u>Rude people or when people say "young lady"</u>	

Lead Review Completed: Catherine Kelly

B  
Staff: Kathy Perry  
Date: 1-5-22



Service Recipient: Angel McQuiston  
Service Span: 12/21 - 11/22

Outcomes:

**Outcome #1:** Will practice her # skills  
Summarize Steps: Staff approach daily + ask if she would like to complete worksheet on money skills lesson  
Provide necessary materials + assist as needed

**Outcome #2:** Will invite a person of her choice to have lunch with  
Summarize Steps: Will participate in 1 volunteering opportunity once a month  
Staff approach at beginning of month + opportunities  
Record on monthly calendar, will participate

**Communication Style:**  
Verbal - Give time to process + be patient

**Learning Style:**  
verbal instruction + demonstration. Give time to ask questions

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Penicillin, seasonal</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind to slow down + chew thoroughly</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, migraines, asthma</u> <u>laryngomalacia</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Carries inhaler @ PAI</u> <u>Can take meds from battery operated machine</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>loud environments - will ask to take a break</u> <u>+ getting loud/upset</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Struggle + organization, following directions</u> <u>task completion, processing thoughts + emotions, allow</u> <u>space as needed, listen + problem solve as needed</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b>	<u>living + Dad, church, work, family, shopping, work + making \$!</u> <u>socialization, expressing creativity thru fashion, favorite foods</u>
<b>Important for:</b>	<u>patience as she learns + processes, being offered choices</u> <u>time to process + formulate answers/responses work \$!</u>
<b>Likes:</b>	<u>being, walks, shopping, music, trying new things, joking</u> <u>laughing</u>
<b>Dislikes:</b>	<u>too much noise, loud people, crowds, not explaining expectations</u> <u>long car rides.</u>

Lead Review Completed: Courtney Kelly

Staff: Kathy Berry  
 Date: 12-27-21



Service Recipient: Amy McVary  
 Service Span: 7121-6122

Outcomes:

**Outcome #1:** Will check in 2 days each afternoon to talk to Amy about any problems or concerns she may have experienced during the day that did not involve her. Amy will sit down with staff the beginning of each month & choose outings she would like to participate in.

Summarize Steps: Choosing.

**Outcome #2:** Will participate in at least 1 community outing per month as her

Summarize Steps: Amy can experience anxiety/irritability throughout the day when peers aren't following rules or being disrespectful. Amy will often tell multiple people making it a bigger issue.

**Communication Style:** Verbally

**Learning Style:** Verbal cues/Communication

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Betadine, Dilantin, Nickel</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure like activity from TBI - Partially controlled with meds</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of choking</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Drop foot Jangling in Legs Uses walker</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist to walk to B12</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>balance issues. weakness L side Remind to use walker</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Blurred vision / Sound sensitivity</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>1:1 Supervision</u>
<b>Important to:</b>	<u>Community outings, working at PAI, Reading &amp; relaxation class Relax, positive attitude, reduce stress/migraines / episodes</u>
<b>Important for:</b>	<u>Opportunity to work staying relaxed, having positive attitude</u>
<b>Likes:</b>	<u>Puzzles, TV, country music, pasta, tears, smiles, family being listened to</u>
<b>Dislikes:</b>	<u>when people don't follow rules noise &amp; chaos Negative or bossy people</u>

Lead Review Completed: Catherine Kelly

workflows  
Staff: Kathy Perry  
Date: 1-4-22



Service Recipient: Mac Meron  
Service Span: 8/21-7/22

Outcomes:

**Outcome #1:** Will participate in making purchases in the community  
Summarize Steps: Prompt at check out lane to get \$ ready  
Hand \$ to cashier  
Staff checks change & ensure he is given right change  
Provide additional prompts & supports

**Outcome #2:** Will accurately add & coins  
Summarize Steps: Each morning in homeroom staff will ask if ready to practice his  
\$ skills - get out \$ pieces  
Staff try to match bill + coin with its value. One attempted, staff will give  
feedback

Communication Style: Verbal

Learning Style: Simple to the point directions  
demonstration    Simple instructions & practice

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: <u>alternaria, mold, grass, hair, some farm</u> <u>animals &amp; pits</u> <u>Epi Pen, Inhaler</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 up food as needed</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Bite sized - assist to eat</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>asthma, hydrocephalus</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>hypotonia, Klenfelter syndrome, osteopenia</u> <u>Hx of PCA</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>occasional accidents, wears briefs, assist to clean</u> <u>BM</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory - assist w/ escalators, uneven</u> <u>terrain. May tire on long walks</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</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>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>family, friends, comm., working</u>
Important for:	<u>opportunity to work &amp; make \$, community</u>
Likes:	<u>bowling, swimming, outdoor games, fishing, bingo, cards, family</u> <u>car shows, games</u>
Dislikes:	<u>opportunity to work</u> <u>not feeling well, peers who are unkind or</u> <u>causing drama, being bored</u>

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 1-11-22



Service Recipient: Rachel Moore  
 Service Span: 9/21 - 9/22

Outcomes:

<b>Outcome #1:</b> <u>Will practice counting, matching and/or budgeting &amp; utilizing worksheets</u> Summarize Steps: <u>worksheets</u> <u>Steps: gather supplies, set up when ready, utilize pictures/bills, use worksheets to match, count, a budget &amp; give feedback &amp; explain/help as needed</u>
<b>Outcome #2:</b> <u>Attend volunteer as comm. act once a month</u> Summarize Steps: <u>Present with opportunity beginning of month</u> <u>She will participate when day comes she will participate</u>
<b>Communication Style:</b> <u>Verbal</u>
<b>Learning Style:</b> <u>Verbal instructions, support &amp; encouragement</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure care episodes often during or after eating smiley, blink slowly, dart eyes, roll head 1 hand meal</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>bite sized</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gluttony - will overeat if unattended - eat other foods</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u> OCD, Pervasive Dev. Disorder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>trichotillomania</u> <u>hemangioma</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>PRN for seizure</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Boundaries - believes anyone who smiles to her friend trichotillomania - will pick at hair on head, eyebrows, lashes</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>Get to do my own thing, socializing in comm, mother, spending time</u> <u>C important people in my life, niece</u>	
<b>Important for:</b> <u>Be indep as possible, socialization in comm, trusting &amp; safe</u> <u>people in her life</u>	
<b>Likes:</b> <u>Coffee shopping, books, movies, pizza, pasta, mac a cheese hot dogs</u> <u>Card work</u>	
<b>Dislikes:</b> <u>Spicy or fried foods, Rock &amp; Rap music, hot weather, being stared</u> <u>at, when parents tell her she can't go somewhere because she can't</u> <u>swim at home</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry

Date: 12-31-21



Service Recipient: Ha Nguyen

Service Span: 3/21 - 3/22

Outcomes:

**Outcome #1:** Ha will write about what she did that day in her planner at end of day  
 Summarize Steps: when waiting for bus will independently fill in her planner on her planner changes & jobs are listed for spelling - will ask staff for help & spelling - shows steps

**Outcome #2:** Ha will ex or walk 10 min each day after lunch  
 Summarize Steps: after lunch will independently find a way to ex for 10 min may choose to ex later if too full  
to end of day & hasn't ex, will walk halls while waiting for bus

**Communication Style:** verbal, sign language

**Learning Style:** verbal instructions & modeling

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>shellfish</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A No shellfish may not recognize in a recipe</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Diabetes type 2</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Controlled &amp; metformin</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can take meds handed to her assist</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory</u> <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>eyesight - glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b>	<u>family, earning a paycheck, friends @ PAI, going out to eat &amp; friends from work Ex &amp; dancing <del>TV library</del></u>
<b>Important for:</b>	<u>maintaining healthy diet to control diabetes &amp; staying active in the community</u>
<b>Likes:</b>	<u>TV, library, out to eat, living &amp; parents, working, Vietnamese music, outing</u>
<b>Dislikes:</b>	<u>Rude mean people Being sick</u>

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry

Date: 12-29-21



Service Recipient: Mary Jo O'Hea

Service Span: 1/21-12/22

Outcomes:

Outcome #1: During break & lunch will stand up, walk around, stretch legs  
Summarize Steps: flex feet legs independently  
independently take initiative to elevate, stretch legs, stand up, walk  
ask for assistance as needed  
if she does not, staff remind.

Outcome #2: Participate in one outing per month  
Summarize Steps: Beginning of month staff will show outings  
she will pick 1 outing  
attend outing - encourage to attend

Communication Style: verbal

Learning Style: verbal instructions  
demonstration

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>N/A</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>chokes + gags with eating. Needs to cut up food</u> <u>chew</u> <u>avoid hard, chewy, sticky</u> <u>textures - hard to chew some things (dry + crunchy food)</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reg diet thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>depression anxiety</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>assist</u> <u>@ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can complete some cares, assist w difficult tasks</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walker, unsteady gait, impaired balance,</u> <u>shuffles her feet</u> <u>staff walk beside + transfer belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eyes - glasses</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Important to:	<u>Not getting into other peoples business. Cont to live husband</u> <u>staff, friends, work</u> <u>stay healthy</u>
Important for:	<u>Cont to eat healthy + staying active, community, work</u>
Likes:	<u>lunch with friends - pizza, spaghetti, salmon, tree, cooking</u> <u>baking</u>
Dislikes:	<u>Scary movies, cleaning, ex, activities on/near large bodies of water</u> <u>arguing</u>

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Jannet Parks  
 Service Span: 2/21 - 1/22

Outcomes:

<b>Outcome #1:</b> <u>Will practice sign language each morning</u> Summarize Steps: <u>Will practice sign language independently with sign language book</u> <u>Stacy will assist as needed.</u>
<b>Outcome #2:</b> <u>Will choose an outing &amp; participate in it.</u> Summarize Steps: <u>Stacy will explain outings. Has a calendar with outings on it. Stacy will verbally prompt + remind</u>
<b>Communication Style:</b> <u>Verbal</u>
<b>Learning Style:</b> <u>Verbal instructions paired with visual demonstration</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Penicillin - wears bracelet</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May eat too fast or put too much in mouth</u> <u>Remind to slow down + Chew thoroughly</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Caffeine - has adverse reaction. Assist to beverages</u> <u>no caffeine</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cataracts. Chronic wet build up</u> <u>HOH - has hearing aides</u>
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>needs total assist</u> <u>None at PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing - speak loudly - assist w hearing aides</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will seek out others for help. Gets upset about perceived social conflicts. May also relay info about things that have happened in the past. May report how she felt from the</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Event + Support occurs, calling name calling</u> <u>NO</u>
<b>Important to:</b> <u>Having a job. Opportunity to have coffee. Being fashionable + clothes</u> <u>hair + nails. Being heard. Being a good friend. Being the right thing. Out to eat</u> <u>taking a break when needed. Positive encouragement</u>	
<b>Important for:</b> <u>Limit caffeine intake</u> <u>Having consistent supports to talk thru concerns</u>	
<b>Likes:</b> <u>Coffee, bowling, playing games, Dollar Tree, getting nails done</u>	
<b>Dislikes:</b> <u>Broccoli - people telling her what to do.</u>	

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Don Petersdorf  
 Service Span: 5/21 - 5/22

Outcomes:

<b>Outcome #1:</b> <u>3X w/2 Don will utilize computer/tablet to learn address &amp; phone #</u> Summarize Steps: <u>of Culvers</u> <u>Will ask to use computer</u> <u>assist only as needed</u> <u>Don copy address &amp; phone # down &amp; pending it.</u>
<b>Outcome #2:</b> <u>Will participate in volunteer opportunity once a month when available</u> Summarize Steps: <u>Approach @ beginning of month &amp; volunteer opportunities</u> <u>Explain - pick one - encourage to follow thru. Will participate when</u> <u>day comes</u>
<b>Communication Style:</b> <u>Verbal</u>
<b>Learning Style:</b> <u>Verbal Instruction</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tomatoes - the skin</u> <u>Can have processed tomato products</u>	
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>ADHD</u> <u>N/A</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>@ PAI assist</u>	
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u> <u>Indep</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u> <u>ambulatory</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>	
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>eyesight - wears glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>	
<b>Important to:</b> <u>Mom, family, friends, his house, PAI staff, positivity</u>		
<b>Important for:</b> <u>Keeping busy, opportunities to work interacting &amp; friends</u> <u>&amp; family, support to remain as indep. as possible</u>		
<b>Likes:</b> <u>Music, classes at PAI, walks in the neighborhood, taking dog for walks</u> <u>Video games, "Imagine Dragon" Spinach pizza, flaming hot cheetos, Systeme fitness</u>		
<b>Dislikes:</b> <u>tomatoes, negativity, getting yelled at, peers messing &amp; him</u>		

lives @ home

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 1-11-20



Service Recipient: Sarah Polson  
 Service Span: 2/22-2/23

Outcomes:

<b>Outcome #1:</b> <u>When offered in-house work, Sara will at least try it for an hour per pop &amp; 2 over</u> Summarize Steps: <u>Staff encourage to do on site work. Remind of purpose &amp; why its important</u> <u>Encourage &amp; positively reinforce Verbally encourage</u>
<b>Outcome #2:</b> <u>Choose a friend to eat lunch with once a month choose comm. or long</u> Summarize Steps: <u>Staff approach beginning of mo. Encourage to pick outing</u> <u>Participate</u>
<b>Communication Style:</b> <u>verbal</u>
<b>Learning Style:</b> <u>allow time to process</u> <u>verbal instructions</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glycophosphate</u> <u>Samiatal</u>	
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>yes</u>	
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, eats too fast - assist to cut up</u> <u>reminders to slow down</u>	
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>portion control. will stop eating while full</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>autism osteopenia</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physical assist</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Balance issues - offer handrails to hold</u> <u>physically assist &amp; stairs &amp; uneven terrain w/ long distances</u> <u>Staff Person</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses - depth perception</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>name calling, gestures</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

**Important to:** Be around people she is familiar with, family, friends, quiet environment  
consistency, work, choices & respecting choices, be unbothered, coloring class  
set therapy routine, quiet environment, work

**Important for:** work, routine, comm, activities & people she likes, choices & respecting those choices

**Likes:** Jigsaw puzzles, TV, church, tortillas, cheese, cereal, cut to eat, cut to throw

**Dislikes:** loud, unexpected noises, casseroles, when her food touches, crowds  
happier jams, not being listened to.

Lead Review Completed: Autumn Kelly

Staff: Kathy Perry

Date: 12-29-21



Service Recipient: Anthony Quayley

Service Span: 1/22-12/22

Outcomes:

**Outcome #1:** Accurately demonstrate how to say at least 2 out of 3 phrases on  
 Summarize Steps: Questions in ASL  
 During break he will get out his ASL book or flash cards. Staff pick random sign  
 + ask if he can do it. If he forgets or can't do sign, staff will show correctly  
 Repeat 4-5 Verbally

**Outcome #2:** Pick & participate in 1 outing per month  
 Summarize Steps: at beginning of month, staff have him pick an outing  
Encourage to attend

**Communication Style:** Verbal

**Learning Style:** Verbal + demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist @ PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist w/ difficult tasks. Remind to wash hands + change clothing</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He walks too fast, too far, on slippery surfaces arm assistance or walker Hip replacement 2018</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eyes-glasses hearing-hearing aids</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A Supervision</u>
<b>Important to:</b> <u>living w/ brothers, cartoons, PAI</u>	
<b>Important for:</b> <u>stay active + maintain mobility, opportunities to work + interact with friends</u>	
<b>Likes:</b> <u>Bowling, Church, movies, TV, time w/ brothers, likes to tell stories joking Irish Elvis + Beatles, drawing cartoons, 1/2 price books</u>	
<b>Dislikes:</b> <u>spinach, snow, rain</u>	

Lead Review Completed: Century Kelly

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Alex Robiden  
 Service Span: 7/21-6/22

**Outcomes:**

<p><b>Outcome #1:</b> <u>Will sign into PAI every morning writing name, date, time.</u>          Summarize Steps: <u>in sign-in book or on glass prompts</u>  <u>Staff remind + encourage to sign in.</u></p>
<p><b>Outcome #2:</b> <u>Will daily check his blood sugar during break with 1 or less.</u>          Summarize Steps: <u>verbal prompts</u>  <u>Staff remind + encourage to check BS</u></p>
<p><b>Communication Style:</b> <u>Verbally</u></p>
<p><b>Learning Style:</b> <u>verbally</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Diabetic</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Diabetic, Autism</u>  <u>Insulin pump, CGM - can manage - help if ↓ or ↑ BS</u>          DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Support + reminders</u>  <u>None @ PAI</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist</u>  <u>able to address basic health &amp; safety when BS is stable</u></p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Community Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>Independent in familiar places Uses LifeAlert</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Unsupervised Time:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Can have unsupervised time</u></p>
<p><b>Important to:</b> <u>Technology, bike riding, helping others, volunteering, community events + outings. Consistency in notes + routines. Managing diabetes. Opportunity to gain independence. Being happy</u></p>	
<p><b>Important for:</b> <u>Riding elec bike, dog walk, video games, gain + maint. independence. Community, socializing, learning to cont. to manage diabetes.</u></p>	
<p><b>Likes:</b> <u>Flying RC helicopters, video games, riding bike, old country music, fairs, brats, diet soda, helping others technology, computers, Facetime</u></p>	
<p><b>Dislikes:</b> <u>Mushrooms, green olives, cleaning, changes in rules/routines, mean people, being bothered when trying to work</u></p>	

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Crystal Ranning  
 Service Span: 9/21 - 9/22

#3 - Use cell phone w/ her purse

Outcomes:

<b>Outcome #1:</b> <u>Will research &amp; find a healthy recipe once a week</u> Summarize Steps: <u>Can use her cell phone or Amazon Ipad. Once a week will find a healthy recipe she can make at home. Independently approach steps &amp; show recipe. Complete on Mon &amp; make at home by end of week</u>
<b>Outcome #2:</b> <u>Will ex 10 min daily</u> Summarize Steps: <u>Crystal has opportunities to join ex classes or do on her own. If no fitness class will use down time to stretch or walk at least 10 min when walking she will show steps she has taken on her cell phone. Pedometer should show 200-300 steps</u>
<b>Communication Style:</b> <u>Verbal</u>
<b>Learning Style:</b> <u>Verbal direction &amp; modeling</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized Wears dentures portion sized healthy food decisions</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bi-polar, dysthymic disorder DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes PTSD, borderline personality disorder, avoidant personality disorder insomnia, polycystic ovarian syndrome</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Boundaries, may act promiscuous or use sexually explicit language. Has had sex w/ strangers make faces yell, swear, bump into others Suicidal thoughts, stick out tongue</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>family &amp; friends, fiance, gym, my cat, out to eat, getting nails done, YouTube, Facebook, staying healthy, staying busy, work relationship - grandma, being more indep &amp; meds</u>	
<b>Important for:</b> <u>following healthy diet, taking care of mental health using her coping &amp; DBT skills</u>	
<b>Likes:</b> <u>computers, movies, family &amp; friends, crafts, puzzles, coloring, making spaghetti, mac &amp; cheese, pizza, hummus shopping</u>	
<b>Dislikes:</b> <u>when people don't answer her phone calls, broccoli, peas</u>	

Lead Review Completed: Cathy Kelly

Workplace  
Staff: Kathy Perry  
Date: 1-4-22



Service Recipient: Dawn Roy  
Service Span: 5/21-4/22

Outcomes:

**Outcome #1:** Accurately practice making change & get majority of practice  
 Summarize Steps: Deanna has major skills worksheet & at least 4 problems at pre time will work on money skills worksheet & at least 4 problems by herself. Staff stay nearby to identify correct change. Encourage to work verbally. Staff stay nearby to help. Staff go thru worksheet

**Outcome #2:** Participate in volunteer opportunity @ PAI 1x mo.  
 Summarize Steps: Go thru opportunities at beginning of month have her pick an opportunity participate when day arrives

**Communication Style:** verbal

**Learning Style:** explain in patient, sensitive manner. Explain in basic terms verbal instruction paired & demonstration

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Avoid caffeine - decaf coffee Sensitive to milk</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Thyroid</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Self admin @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory - reminds herself to work while walking</u>
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>can go in comm alone</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Glasses - Indep</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>High anxiety when faced w new tasks may get upset &amp; yell or shut down at times. Sp ↑ anxiety ask needs to talk</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can be unsupervised</u>
<b>Important to:</b>	<u>Family, friends, living on my own &amp; support from Stephanie my cat, working @ PAI, maintain indep, trust, coping skills, out to eat</u>
<b>Important for:</b>	<u>having access to work, having support from cousin to stay safe living indep.</u>
<b>Likes:</b>	<u>animals, cat, fishing, bowling, family, PAI - rock, country, blues spaghetti, lasagna</u>
<b>Dislikes:</b>	<u>asparagus, bean corn, changes in routine, being pushed out of her comfort zone, aggressive &amp; argumentative people. Understood has a expectation</u>

May say "please back off" when staff she is at breaking point  
 Lead Review Completed: Catherine Kelley

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Alyssa Saniti  
 Service Span: 9/21-8/22

**Outcomes:**

**Outcome #1:** Will check in with staff each morning to discuss any problems.  
 Summarize Steps: if concerns she may have had over night. Will usually approach staff & staff will help process her evening. Staff will ask how her night was if not approached

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
Verbal

**Learning Style:** verbal processor

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO. Not always mindful how food affects health</u> <u>Encourage to eat healthy</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: _____ DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Knows what meds she takes &amp; what they are for</u> <u>None @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision Can use phone for support. May relate</u> <u>personal info to strangers</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Picks at arms, neck, &amp; chest when has a scratch,</u> <u>bug bites or other skin irritations. Struggles to manage emotions</u> <u>in times of distress. Borderline hoarder, lies. Impulsive</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal aggression, swearing, Has mult housemates</u> <u>N/A Supervision</u>
<b>Important to:</b> <u>Family, friends, BTS + music, art &amp; being creative, making jewelry</u> <u>fishing + Dad, living near family, Artist 4 cards, outings</u>	
<b>Important for:</b> <u>Making a plan for the day &amp; sticking to it. Being spoken to directly</u> <u>in private. Allowing healthy food options</u>	
<b>Likes:</b> <u>Being @ family. Being treated &amp; respect, Starbucks, music</u>	
<b>Dislikes:</b> <u>Coffee @ PAI + home. Emoms, exercising, being bored</u>	

Lead Review Completed: Caitany Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Molly Sarne  
 Service Span: 10-21-10/22

Outcomes:

**Outcome #1:** I will participate in volunteering or working in comm. when available.  
 Summarize Steps: Stop out - Molly + schedule outing or volunteer during month  
Post chosen activities on calendar, hang calendar inside locker - attend

**Outcome #2:** Daily will put all belongings in her locker by 8:30  
 Summarize Steps: It is important to find comm. job in future. It is important to utilize this outcome as state building needed for many jobs

Communication Style: Verbal

Learning Style: Verbally & visually

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has Deaming in throat from injections - formation of palate</u> <u>Reminds to slow down + small bites</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Aperts Syndrome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>APAC assist</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ambulatory - cues to slow down. will skip while walking</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervisors</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>hearing impaired</u> <u>vision impairment - <del>use glasses</del> hard contacts</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>skin picking - redirect/distract</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>familiar places - 30 min</u>
<b>Important to:</b>	<u>doing a good job, making st, making a difference in the world</u> <u>working z animals, choices, being on time, being listened to</u>
<b>Important for:</b>	<u>Opportunity to work + contribute to society, maintain a gain</u> <u>indep, people listen to wants + needs, give grace when making mistakes</u>
<b>Likes:</b>	<u>Games, shopping, working, community, animals, friends + family</u> <u>spaghetti, chicken noodle soup</u>
<b>Dislikes:</b>	<u>When others don't listen to her, getting yelled at by parents, steak</u> <u>Venison, any kind of abuse, judging, bullying, criminals, negativity</u> <u>Racism</u>

Lead Review Completed: Catherine Kelly

W

Staff: Kathy Perry



Service Recipient: Linda Scherrer

Date: 1-5-22

Service Span: 9/21-8/22

Outcomes:

**Outcome #1:** Will be mindful of germs & not pick things off floor or from garbage  
 Summarize Steps: Throughout the Day Model awareness of germs & provide reminders of steps she has taken something out of garbage, when restroom, pick something off floor or put inappropriate items in mouth. Steps will ask her to stop & pick her aside to talk. Remind importance of avoiding germs

**Outcome #2:** Plan & participate in 1 comm. outing per month  
 Summarize Steps: Set down beginning of month checklist. Will participate. If she does not attend set down request to pick another outing

**Communication Style:** Remind to make eye contact  
Verbal

**Learning Style:** Verbal instruction, practice, routine

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat too fast - vomiting of eats or drinks too fast verbally remind to slow down</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sometimes unsteady. Gets distracted &amp; might not be observant of surroundings</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing aids</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>parents, brother, shopping, out to eat, working, seeing family &amp; peers shopping, working, belongings</u>
<b>Important for:</b>	<u>job opportunities, staying active, community</u>
<b>Likes:</b>	<u>music, dancing, outings, shopping, out for coffee</u>
<b>Dislikes:</b>	<u>when peers are angry &amp; yelling. Laundry</u>

Lead Review Completed: Christy Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Linda Schroeder  
 Service Span: 9/1/21-8/30/22

Outcomes:

<p><b>Outcome #1:</b> <u>Will greet peer &amp; begin conversation with that peer at least once daily</u>          Summarize Steps: <u>Encourage to stutze up conversation. Cue when she feels stuck &amp; needs a prompt to begin conversation.</u></p>
<p><b>Outcome #2:</b> <u>Walk the halls and/or stretch daily</u>          Summarize Steps: <u>Verbally encourage her to move her body. Remind that it is important for her health</u></p>
<p><b>Communication Style:</b> <u>Verbally - Encourage to engage &amp; peers</u></p>
<p><b>Learning Style:</b> <u>verbal instructions along &amp; space for her to ask questions</u></p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>penicillin, strongly scented perfume</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>if not chewing food properly will have coughing spells</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Low Calorie</u>  <u>N/A</u></p>
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Hx of breast cancer</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist, knows meds &amp; knows when to take them</u>  <u>PAI assist &amp; crushing &amp; mixing</u></p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Can't tolerate standing for long periods</u>  <u>N/A</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>eyesight - glasses</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Schizophrenia - may hear voices</u>  <u>Knows when she is saying things that she does not mean or want to say</u>  <u>Yell/scream</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>Supervision</u></p>
<p><b>Important to:</b> <u>living &amp; females around her age. Church</u></p>	
<p><b>Important for:</b> <u>maintain low calorie diet, be physically active, structure &amp; stability</u>  <u>managing mental help, being around others, advocating for self.</u></p>	
<p><b>Likes:</b> <u>Vacations, going to cabin/camping, church, Bingo, family</u>  <u>arts &amp; crafts board games, card games</u></p>	
<p><b>Dislikes:</b> <u>unclear expectations, mean people, feeling like others are upset w/ her</u></p>	

Own guardian

Lead Review Completed: Caitlyn Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Hollie Schuette  
 Service Span: 6/21 - 6/22

Outcomes:

<b>Outcome #1:</b> <u>Will hand cash to cashier + obtain change + receipt</u> Summarize Steps: <u>Hand money to cashier independently + accept change + receipt</u> <u>Staff assist to choose right bill + help count change</u>
<b>Outcome #2:</b> <u>Practice money skills on IAPD</u> Summarize Steps: <u>assist &amp; finding app or website to play game or activity on money skills. Holly will do for 5 min</u>
<b>Communication Style:</b> <u>Verbal</u>
<b>Learning Style:</b> <u>Simple directions, visual demonstrations, modeling</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u> <u>will complain excessively for minor ailments</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Takes large bites.</u> <u>Cut up food - bite sized</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, mega colon, scoliosis</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>OCD CP</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI assist</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unsteady gait + balance</u> AFD's uses walker <u>Staple next to her c gait belt</u> Jumps easily w/c
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>eyesight - glasses</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Pulling her hair. Snapping private interactions w/ others</u> <u>may touch others, swing hand when frustrated. Verbally + physically</u> <u>abuse - raise feet, swing feet</u> <u>Picks hair - hair loss</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Important to:</b> <u>fun activities, community, working + making \$, music, TV, Simpsons</u> <u>friends + family, going out for coffee</u> <u>looking nice</u>	
<b>Important for:</b> <u>opportunity to work, new &amp; varied comm. outings. Physical</u> <u>supports to remain safe + healthy</u>	
<b>Likes:</b> <u>Music - Lady Gaga, Country, Snacks, Simpsons, out to eat</u> <u>Shopping</u>	
<b>Dislikes:</b> <u>Salads + veggies, misplacing belongings, In appts, peers telling</u> <u>her what to do. When gets hurt or not feeling well.</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Nick Seng  
 Service Span: 1/22 - 12/22

Outcomes:

**Outcome #1:** Will verbally greet peers each AM with 1 or less verbal prompt.  
 Summarize Steps: Upon arrival staff give few min. to settle in & observe after few min if has not greeted peers staff will prompt him by backfill on why staff assume he only has to say Hi or Good morning

**Outcome #2:** Work on iPad technology skills  
 Summarize Steps: In homeroom bonus iPad - stay & him. Determine what he knows & what he needs to learn. Staff will give hard tasks & watch & test him. Offer advice as needed

**Communication Style:** Verbally cues

**Learning Style:** Verbal instructions & practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO gluten - doesn't know what he should eat
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Down's Disease DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Glasses. Hearing loss - ref. Hearing aides
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Quiet/shy around unfamiliar people. When upset may yell, be left alone
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Important to:</b>	family, being a good brother, church, being active
<b>Important for:</b>	gluten free diet, building independence skills, working toward comm. employment
<b>Likes:</b>	Sports, dog park, Zoo, volunteering money, Science Museum
<b>Dislikes:</b>	Participating in any more academic classes, being bossed around, getting up early. Dr appts.

Outcome #3 - find competitive wage job in comm.

Lead Review Completed: Catherine Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Jim Shaw  
 Service Span: 1-22-1-23

*Excess*

Outcomes:

Outcome #1: <del>will attend 4 days week attend 1 comm. outing per month</del> Summarize Steps: Beginning of month go over options - staff answers any questions. Will pick & attend 1 outing per month
Outcome #2: Beginning of month talk & stay about something he would like to learn about that month Summarize Steps: learn about that month independently approach staff. Jim will talk & stay about a lesson or topic he would like to learn about that month. Staff will find a way to implement & let him know when scheduled
Communication Style: <u>Verbal</u>
Learning Style: <u>Verbal direction / instruction &amp; modeling</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>reflex lisinopril</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ref. to eat</u> <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>paranoid schizophrenia, COPD, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, alcohol dependency, hypertension, chronic respiratory failure, anxiety, depression, head injury</u> <u>O2 24 hrs &amp; can manage</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>PAI</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ambulatory. ↓ O2 may cause <del>dis</del> digress</u> <u>Remind to take even breath by standing</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can access comm. indep - assist &amp; mdr</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Glaucoma ophthalmopathy - sensitive to lites</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may get verbally aggressive. Paranoid someone has done something to lead to harm him.</u> <u>visual &amp; auditory hallucinations anxiety</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can access comm. indep</u>
Important to:	<u>family, health, working, peace, being more indep</u>
Important for:	<u>staying healthy, safe &amp; consistent living situation</u>
Likes:	<u>choosing services &amp; how to use them, being indep, socializing living on his own, working, spending time &amp; peace</u>
Dislikes:	<u>bright lites, people standing or sitting behind him health concerns</u>

Hx of abusing hard drugs & alcohol  
 watch for signs of use

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 12-31-21



Service Recipient: Paul Shaw  
 Service Span: 9/21-9/22

**Outcomes:**

<p><b>Outcome #1:</b> <u>Will use IPAD daily (likes on line shopping) <del>has</del> to practice on-line</u>          Summarize Steps: <u>shopping &amp; will accurately complete prompt / tasks given</u>  <u>once settled, will check out IPAD. Navigate to stores website. Stop prompt to</u>  <u>over spend on certain product or spend under a certain amount</u>  <u>check back later to see if he was able to do correctly</u></p>
<p><b>Outcome #2:</b> <u>will pick &amp; participate in 1 outing per month</u>          Summarize Steps: <u>Beginning of month approach with list of outings</u>  <u>choose an outing</u>  <u>when day comes will participate</u></p>
<p><b>Communication Style:</b> <u>verbal</u>  <u>but prompt verbally &amp; offer extra explanation as needed</u></p>
<p><b>Learning Style:</b> <u>verbal instructions &amp; modeling</u> <u>walk thru the process &amp; him</u></p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p> <p style="text-align: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>can take meds when handed to him</u>  <u>D @ PAI</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>needs assist cueing, reminders, supervision</u></p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u>  <u>Ambulatory</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>Hearing loss</u>  <u>Make eye contact while speaking</u></p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  <u>N/A</u></p>
<p><b>Unsupervised Time:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p><b>Important to:</b> <u>talk to &amp; see Mom on a regular basis. Foster family, helping around the house</u>  <u>shopping, out to eat, working &amp; making \$, Country music, pop &amp; snacks</u></p>	
<p><b>Important for:</b> <u>learn to budget money, control of personal belongings</u>  <u>have opportunity to try new/more complex jobs. Community</u></p>	
<p><b>Likes:</b> <u>helping around the house, living w/ foster parents, pop &amp; snacks</u>  <u>work, country music</u></p>	
<p><b>Dislikes:</b> <u>chew mein, doing cards, when people pass away when people won't</u>  <u>leave him alone</u></p>	

Lead Review Completed: Kathery Kelly

Staff: Kathy Perry  
 Date: 1-11-20



Service Recipient: Carrie Slanner  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Will attend & participate in weekly IPAD class  
 Summarize Steps: Came will sign up for weekly IPAD class & attend

**Outcome #2:** Practice counting/matching or budgeting \$ daily  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** verbal

**Learning Style:** verbally

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized - may need assist cutting</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Dowms</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>@ PAT</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>when upset may interrupt &amp; make inappropriate comments</u> <u>Needs time &amp; space to de-escalate &amp; trusted staff</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____

**Important to:** Friends, work, comm, choices, routine

**Important for:** staff be receptive to feelings, choices, set schedule, gain & maintain independence improving social & self advocacy skills

**Likes:** Out to eat, mall, volunteering, social media, arts & crafts, softball, pizza, pasta, chicken, 80's music

**Dislikes:** Being asked to do things she doesn't want to do, messes, having to attend extra classes, being teased or being asked too many personal questions

Lead Review Completed: Cathy Kelly

Willo

Staff: Kathy Perry

Date: 1-11-22



Service Recipient: Andy St Martin

Service Span: 11/21 - 11/22

Outcomes:

Outcome #1: Will complete worksheet weekly to improve B skills

Summarize Steps: Step 1 approach - ask if he would like to do worksheet  
Step 2 yes will provide with worksheet.

Outcome #2: Will choose + participate in 1 comm activity per month

Summarize Steps: Step 1 approach at beginning of month a sheet choices  
sheet to sign up - Participate

Communication Style: Verbal

Learning Style: Verbal instructions

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>N/A</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>autism</u> <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensitive to touch + loud sounds</u> <u>when overstimulated open quiet area</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: have a sense of responsibility at work, routine schedule  
space to go when overstimulated, opportunity to try new things

Important for: opportunities to try new things, step to ~~help~~ be patient + let him  
figure out things on his own end, quiet place to go, assistance to communicate  
wants + needs

Likes: Valley Fair, MOA, Science museum, volunteering, movies, swimming  
thrift stores, PAID, pretzels, baby carrots, apples, sports, cooking

Dislikes: Being forced to try new things, when others touch his things  
having personal space/boundaries being invaded

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry



Service Recipient: Sozy Stefan

Date: 1-10-22

Service Span: 12/21 - 12/22

Outcomes:

**Outcome #1:** Will make a peer card once a week  
 Summarize Steps: Will independently make card for someone once a week. Shows card to designated lead who will check that is appropriate. Give card to recipient. If she has not completed by the staff give verbal reminder.

**Outcome #2:** Attend 1 comm. outing per month  
 Summarize Steps: Once a month attend designated lead with options. Outings must be approved by guardians. If not approved by guardian they will look at another option.

**Communication Style:** verbal

**Learning Style:** simple verbal or written instructions

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>penicillin, seasonal</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may ref to eat when upset, should pick non-caffeinated drinks</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Rude comments, rolling eyes, talking under breath may call out to get attention from malls. Hx of verbal accusations accusing men of assault</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>having good friendships, going to dances, consistent stay, mom, being treated &amp; respect. Have my own space. Staff she likes, shopping, out to eat.</u>	
<b>Important for:</b> <u>Structured routine, female staff preferred, Supports to stay healthy &amp; safe, work, healthy diet, ex, comm.</u>	
<b>Likes:</b> <u>working, hanging out in her room, egg rolls, quesadillas, pasta vacation</u>	
<b>Dislikes:</b> <u>COVID protocols, quarantining in her room, sushi, when peers talk about her behind her back</u>	

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry

Date: 1-10-22



Service Recipient: Bob Stewart

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Choose an activity to do during break  
Summarize Steps: when break time staff will announce to take a break. Staff ask Robert what he would like to do during break & help get items if he says he doesn't want to do anything staff encourage & give options

Outcome #2: Participate in 1 comm activity  
Summarize Steps: approach at beginning of month & choices. staff will show pictures of outings. If overwhelmed & choices choose 2 to show him  
Participate

Communication Style: Verbal

Learning Style: simple instructions & practice

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: N/A

Choking:  No  Yes  
Describe Supports: Will ask for assist as needed Bite sized  
may eat too fast - does not chew well

Specialized Diet:  No  Yes  
Describe Supports: low sodium & phosphorus, renal diet  
fluid limitations / carries water bottle - don't give anymore!

Chronic Medical Conditions:  No  Yes  
List & Describe Supports: CF, kidney disease, renal, DNR/DNI:  No  Yes  
parline

Medication at PAI:  No  Yes  
Describe Supports: assist

Personal Cares:  No  Yes  
Describe Supports: full assist urinal

Mobility/Fall Risk:  No  Yes  
Describe Supports: WIC - needs seat belt on - assist to move  
assist & transfer

Community Support:  No  Yes  
Describe Supports: Support

Sensory Support:  No  Yes  
List & Describe Supports: legally blind glasses hard of hearing

Behavior Support:  No  Yes  
List & Describe Supports: power struggles & male staff & coworkers  
Has run his w/c into others when upset, name calling  
assist to problem solve

Unsupervised Time:  No  Yes  
Describe Supports: N/A

Important to: dog Bentley, working, staying busy, staff assist as needed

Important for: physical supports, following his diet, support for dialysis  
staying active in comm.

Likes: work on wood projects, fishing, cards, Bentley

Dislikes: bussy people, lazy staff, being bored mac & cheese

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 12-29-21



Service Recipient: Ann Strassburg  
 Service Span: 5/21-5/22

Outcomes:

<p><b>Outcome #1:</b> Will pursue being peers outside of work monthly          Summarize Steps: Once a month will initiate conversation w a peer about getting together outside of work. Ann will pursue plans will tell staff when what she is doing to reach her goal &amp; staff will document</p>
<p><b>Outcome #2:</b> Will check in w PAI staff each time she meets w VRS &amp; let them know her meeting went when meets w VRS will tell Lead Supervisor @ PAI. Will share info about the meeting.</p>
<p><b>Communication Style:</b> Verbal          Gentle verbal reminders</p>
<p><b>Learning Style:</b> Verbal direction</p>

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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: N/A</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p><b>Choking:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: knows good bite size. Can use knife          Can chew + swallow safely</p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Diabetic. Struggles w healthy food choices</p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: Diabetes, overweight, high cholesterol, Hep B Carrier          DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          Arm tremors - from repetitive movement</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: assist may forget</p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: assist. May wear clothes for several days. Bra</p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Supervision</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: eyes - glasses Ref to wear</p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: N/A</p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Needs support</p>
<p><b>Important to:</b> Family, friends, spicy food, IAA, avoiding drama, job + make \$ working - trying new jobs Community</p>	
<p><b>Important for:</b> Eating healthy, exercising, diabetic mgmt. Having clear boundaries work + leisure activities</p>	
<p><b>Likes:</b> working - especially in comm., family, asian food, music, cooking IAD</p>	
<p><b>Dislikes:</b> Conflicts w peers, job too easy, people who are rude, people who interrupt her at work, too many PAI classes</p>	

Lead Review Completed: Caitlyn Kelly

Staff: Kathy Perry  
 Date: 12-28-21



Service Recipient: Jeff Stroth  
 Service Span: 7/21-6/22

**Outcomes:**

**Outcome #1:** Personally hand \$ to cashier when purchasing items. at least once a month  
 Summarize Steps: once a month 1 or less verbal prompts. will push w/c button to open doors for himself. Staff will verbally prompt to push the button

**Outcome #2:** Daily upon arrival he will come up with 3 positive things to think about during the day with 2 or less verbal prompts  
 Summarize Steps: upon arrival staff will observe if he will approach staff independently to speak of positive thought to begin his day. So he does not approach, staff will approach & talk to him about 3 positive thought. If he gets distracted staff will redirect to thinking positively. Remind him the more positive he is the better his day will be

**Communication Style:** verbal

**Learning Style:** verbal instructions

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>not controlled - meds N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled with meds</u>
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>soft sized pieces. Remind to chew food</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Baclofen pump Blistered sores on feet</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance NONE at PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance - help w/ pants, wiping</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c assist &amp; transfers - 1 person pivot walking program at home - AFO's Encourage walker use</u>
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times 2 staff &amp; belt</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Persistent ear infections - has had tubes</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2-4 min 5 min. in bathroom within hearing</u>
<b>Important to:</b>	<u>Be able to talk &amp; socialize. Stay active. Community online opportunity to work. Gain &amp; maintain independence. when people around him are getting along</u>
<b>Important for:</b>	<u>Good staff to ensure safety &amp; ensure care is given opportunity to socialize work community</u>
<b>Likes:</b>	<u>Shopping, bowling, mall walking, scary movies, rap &amp; country music, chili noodle soup, computer, ham, McDonalds</u>
<b>Dislikes:</b>	<u>Rice, sandwiches, dentist, listening to staff at home, being told what to do, when people argue &amp; fight, cities 97, being in hospital</u>

DS/CP

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Mely Swenberg  
 Service Span: 2/22 - 2/23

Outcomes:

<p><b>Outcome #1:</b> Will show her break card when needs a break</p> <p>Summarize Steps: <u>Give break card to her. Will show staff break card when she needs a break from current activity. If staff notices behaviors that may indicate she needs a break will ask her if she needs a break + show break card. Staff provide 2 options of act. + help her choose one.</u></p>
<p><b>Outcome #2:</b> Will peek + participate 1 outing month</p> <p>Summarize Steps: <u>Staff approach beginning of month with options including pictures of trouble choosing, offer 2 choices. Participate</u></p>
<p><b>Communication Style:</b> <u>limited speech, hard to understand</u>  <u>uses short phrases</u></p>
<p><b>Learning Style:</b> <u>Simple instructions + practice</u></p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>ability, seasonal</u></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>size sized</u></p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>thickened liquids - nectar 1800 cal</u></p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>dysphasia, GERD, hypothyroid</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist / administer @ PAI</u>  <u>Takes anxiety med by kissing</u></p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist in restroom - hold toilet paper to occupy hands from pulling</u></p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>assist walking - unsteady, rigid walking</u>  <u>Poor balance 1:1 walking. allow to go own speed</u></p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervision</u></p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>N/A</u></p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>anxiety - anxious on bus - has scratched others</u>  <u>high pitched voice, shrieks. May grab + pinch staffs arm</u>  <u>pull hair, eyebrows, lashes + pubic hair</u></p>
<p><b>Unsupervised Time:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p><b>Important to:</b> <u>family, coffee, consistency, active in comm., looking nice + hair + nails done</u>  <u>consistency</u></p>	
<p><b>Important for:</b> <u>Staying active, comm., consistency</u></p>	
<p><b>Likes:</b> <u>coffee, music, dancing, nails + hair done, animal watching</u>  <u>puzzles, iPad</u></p>	
<p><b>Dislikes:</b> <u>loud noises transition</u></p>	

Use weighted blanket or headphones - music

Lead Review Completed: Caitlynn Kelly

work

Staff: Kathy Perry  
Date: 12-31-21



Service Recipient: Julie Tint  
Service Span: 8/21-8/22

Outcomes:

<b>Outcome #1:</b> Will greet a different staff each morning using sign language
Summarize Steps: Report to homeroom. Staff give 5 min. to independently approach a staff or peer to greet using ASL. So she has not done yet in 5 min, staff greet using ASL & encourage her to greet back & help guide her to greet a peer. Should not always greet same peers.
<b>Outcome #2:</b> Will work 1:1 staff on IPAD skills
Summarize Steps: During downtime staff offer IPAD use. Staff then rotate using IPAD. Staff suggest different tasks to try & watch to test her proficiency & offer advice.
<b>Communication Style:</b> Simple phrases & sign language. Give time to respond
<b>Learning Style:</b> Simple instructions and practice modeling

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled & meds tonicclonic less than 1 min. More when works more than 3 days
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hep B carrier DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist PAI
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist & verbal reminders
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Ambulatory. Will reach out hand if feeling unsafe Can't determine uneven terrain
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
<b>Important to:</b>	family, working & making \$, community especially walks & out to eat
<b>Important for:</b>	opportunities to work, community, monitoring health needs
<b>Likes:</b>	shopping, mall walking, family, children IPAD, friends
<b>Dislikes:</b>	loud & disruptive behaviors, being told she's not following rules being sick or injured

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-5-22



Service Recipient: Hung Vo  
 Service Span: 7/21-6/22

Outcomes:

<b>Outcome #1:</b> <u>Will hand \$ to cashier</u> Summarize Steps: <u>Staff gather supplies. Tell him amount and ask him to identify coins/bills needed</u>
<b>Outcome #2:</b> <u>Practice counting \$ each day in home room participate in</u> Summarize Steps: <u>ask ready - complete a problem solving question on time. May not ask ready - give \$ on paper - Staff need solutions. work thru the problem verbally - help &amp; prompts + reminders. work thru problem Encourage</u>
<b>Communication Style:</b> <u>verbal - verbally work thru problem &amp; staff</u>
<b>Learning Style:</b> <u>Verbal instructions paired with visual demonstrations</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has not had one for years - controlled &amp; medicated</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind not to talk while eating</u> <u>No straw or sippy cup</u> <u>Quarter size or smaller pieces</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, unspecified convulsions, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>adjustment disorder, anxiety, depressed mood</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist to change. assist &amp; transfers</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can not bear wt. electric w/c - power out obstacles</u> <u>Needs all belts on at all times 2 person hoist - chest strap in restroom</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u> <u>speech hard to understand</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>appropriate boundaries - may get too close</u> <u>Support allow time to calm - speak 1:1 with him to problem solve</u> <u>yell, physically aggressive</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b> <u>family, fun &amp; varied act. in comm., work &amp; make \$, strong relationships</u>	
<b>Important for:</b> <u>Having supports to live in a safe, healthy environment</u> <u>opportunities to make \$ Community</u>	
<b>Likes:</b> <u>video games, working on cards, chess club, mall walking, browsing movies</u> <u>Turns</u>	
<b>Dislikes:</b> <u>when people pass away, when people yell at him. when people don't listen to what he has to say</u>	

Lead Review Completed: Courtney Kelly

Staff: Kathy Perry  
 Date: 1-10-22



Service Recipient: Raynisha Watson  
 Service Span: 12-30-21 - 12-30-22

Outcomes:

- Outcome #1:** Will verbally recite PAI's address correctly  
 Summarize Steps: During downtime staff will ask Raynisha to recite PAI address. If she does not know part of the address staff will slowly recite the address out loud + ask her to repeat it.
- Outcome #2:** Will initiate conversation over a month & service designate.  
 Summarize Steps: To choose outing for next month when opportunities arise staff will let her know. Mid month she will talk to her service designate about upcoming outings. If she doesn't initiate this conversation staff will remind her.
- Communication Style:** can ask for help  
verbal
- Learning Style:** Verbal instructions paired & visual demonstration & thru practice

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized may eat too quickly</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized lactose intolerance no pork</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>assist in med</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>fetal alcohol syndrome, CP</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>WC need to belt &amp; lap tray 2 person hoist</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

**Important to:** family working, working toward living indep.

**Important for:** working, family & friends shopping, bowling, out to eat  
dent Sue working / Having supports she needs - explore jobs in comm

**Likes:** getting nails done, shopping, visiting & Aunt, bowling - using phone to call & txt friends, church, baking, painting, out to eat

**Dislikes:** loud noises & atmosphere, being loud & sitting around, when things fall thru, police, going to hospital staff not supporting her

Lead Review Completed: Cathy Kelly

Staff: Kathy Perry  
 Date: 1-4-22



Service Recipient: Meng Yang  
 Service Span: 6/21-5/22

**Outcomes:**

<b>Outcome #1:</b> Will take at least 5 min walk daily at slow + controlled Summarize Steps: <sup>fast</sup> encourage to take a 5 min walk once daily encourage to slow down + take time while walking for safety accompany on his walk as needed. requested
<b>Outcome #2:</b> Once a month will assist - ASC class Summarize Steps: Staff approach at beginning of month to determine the day to <del>assist</del> <sup>assist</sup> encourage to choose a day that works for him Meng will attend
<b>Communication Style:</b> Verbally in English, ASL, Hmong. Difficult to understand non familiar behaviors
<b>Learning Style:</b> Visually, verbally verbal praise

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

<b>Allergies:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hyponatremic will tell staff if has hiccups or headache - signals seizure
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A No beef
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Sangerhans Cell Histiocytosis, Cerebellar ataxia, Central diabetes insipidus, hypersomnia DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes know to sleep on <sup>Set steps</sup>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist - can take if put in hand PAI
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: unsteady gait - scoliosis - balance may use cane, label reminders to slow + watch where going
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing - does not wear H/A
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> Sign language, family + friends, Hmong music, community organizing, work	
<b>Important for:</b> work - \$ Maint. + gaining indep. Using + cont. to learn/touch sign language. Support to stay away from angry/mean people/danger	
<b>Likes:</b> Sign language, Hmong music, pepperoni pizza, egg rolls, working, volunteering Comm., teaching others ASL, coffee, organizing + sorting	
<b>Dislikes:</b> mean, disrespectful people. Danger, waking up too early	

Lead Review Completed: Century Kelly