



# Competency Tracking Form Oakdale

Participant: Amber Roach    Annual Service Span: June 2021-June 2022

Annual Meeting Date: 6.24.2021    Date Assigned to Lead: \_\_\_\_\_    Quiz Due: \_\_\_\_\_

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

\*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
3/7/22	Pd	Paris Dyer
3-7-22	UH	Lisa Hartman
3/1/22	MS	Maurita Sweeney
3/4/22	TL	Tristen Lorsung
3/4/2022	AD	Amanda Diaz
3/4/2022	SB	Sara Berglund
3/7/22	JP	Jalya Pratt
	EE	Emily Elsenpeter
3/7/22	TG	Trey Gould
3-7-22	AFM	Alfredo Fierro-Montes
03/07/22	SN	Shelly Nierad
3-4-22	MBP	Mari Basurto Poferi
3-11-22	NL	Nancy Larson
3-7-22	DST	Deb St. Martin

Date Completed	Initials	Full Name
	KP	Kathy Perry

Date Uploaded to LMS: 3-14-22

Staff: Paris Dyer  
 Date: 3/7/22



Service Recipient: Amber Roach  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1:	<u>Place cup in sink when finished or going home.</u>
Summarize Steps:	<u>Prompt Amber to place cup in sink If she does, mark as achieved</u>
Outcome #2:	<u>Identify peer or staff member to visit</u>
Summarize Steps:	<u>Present Amber with communication board on iPad Amber makes choice Staff assist Amber with visit</u>
Communication Style:	<u>laughs and looks up when engaged</u>
Facial expressions, body language, and vocalizations:	<u>when interested; with stowed things</u>
Learning Style:	<u>Routine and repetition, physical and verbal cues</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chocolate, Citrus, milk. (Staff will not give chocolate)</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No known seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, may not chew well, distracted while eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sectioned built up plate, regular utensils, cup with straw</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18 Q Deletion Syndrome. Support Amber in completing activities. Ear infections, eczema: Monitored for itchy red skin</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Scheduled Medication</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief and additional pad, full physical assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amber will be asked to "look up" and watch out when walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision and observe surrounding</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Communicates by holding head down Overstimulation; over crowded or loud environments</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A None needed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in the restroom for five mins with visual checks every 2 mins</u>
Important to:	<u>Working with consistent staff who take her out in community, help her socialize with friends and do things independently</u>
Important for:	<u>Supported in calm environment and encouraged to make choices. Walks holding head up. Staff who know dislikes and communication</u>
Likes:	<u>Sensory activities, walks, outing. Amber enjoys eating and like the most food. Using the Wii and Smartboard and making art</u>
Dislikes:	<u>Being rushed or in loud and crowded places, foods that are challenging to chew.</u>

Lead Review Completed: ML

Staff: Lisa Hartman



Service Recipient: Amber Roach

Date: 3-7-22

Service Span: June 21 - June 22

Outcomes:

Outcome #1: <u>Place cup in sink when done / exiting home</u>
Summarize Steps: <u>staff prompt amber to place cup in sink</u>
Outcome #2: <u>Identify a peer or staff member to visit</u>
Summarize Steps: <u>I pad, preset comm. board make choice, staff assist in visiting chosen person</u>
Communication Style: <u>facial expressions, body language, some vocalizations walk toward things or activities interested in - laugh/look up - walk away if not interested</u>
Learning Style: <u>routine/repetition physical/verbal cues</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>chocolate, citrus, milk do not give things allergic to</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>1</u>	Describe Supports: <u>Ask to chew + slow down physician order: bite size man pocket food, became distracted, or hold food in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>high arched palate drink independently thru sagg bite sized diet sectioned built up plate, no utensils, adapted cup + straw</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18q Deletion Syndrome DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes eczema, ear discomfort accepting of supports</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds accepting of assistance</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Suits alone - void in toilet / brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wanders, hard time going up/down stairs walk on left side</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>alone time in community staff calenses her</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>overstimulation - wave to quiet place</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>X</u>
Important to: <u>work consistent staff - community socialize &amp; friends do things independently music bit time reading, sensory going for walks</u>	
Important for: <u>calm environment - encourage to make choices walks, holding head up to watch where walking, be as independent - staff she knows likes/dislikes</u>	
Likes: <u>sensory activities walks outings enjoys eating + likes most choices music relations in routines</u>	
Dislikes: <u>being rushed or in loud/crowded places foods that are challenging to chew</u>	

Lead Review Completed: AM

Staff: Maureen Sweeney



Service Recipient: A.R.

Date: 3/7/22

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1:	<u>Place cup in sink when finished or when going home.</u>
Summarize Steps:	<u>going home.</u>
Outcome #2:	<u>Identify peer or staff member to visit.</u>
Summarize Steps:	<u>make choice on iPad staff assist in visiting room.</u>
Communication Style:	<u>Facial expressions, body language, vocalizations moves towards interested things. Looks up when engaged.</u>
Learning Style:	<u>Routine, Repetition, Physical, Verbal cues.</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chocolate, Citrus, milk, staff will not give.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet, may not chew, pockets food. Does not chew well</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Distal IEO, Deletion Syndrome cut food into small pieces, cues to chew</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal IEO, Deletion Syndrome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Eczema</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs, additional pad during menses.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ask her to look up, watch where walking, may be guided</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide supervision and observe surroundings.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Overstimulation. Loud noises, likes sitting in corner recliner.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amber can be left alone for 5 min with 2 minute visual checks during cares.</u>
Important to: <u>11 min</u>	<u>supported in a calm environment and encouraged to make choices, going for walks, holding hand. Consistent sleep</u>
Important for:	<u>TO be supported in a calm environment and encouraged to make choices, holding hands. Walks</u>
Likes:	<u>Sensory activities, walks, outings, sitting in a recliner.</u>
Dislikes:	<u>Being touched or loud and crowded places, hard to chew food</u>

Lead Review Completed: CM

Staff: Tristen Loring



Service Recipient: A.R.

Date: 3/4/22

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

Outcomes:

Outcome #1: Place cup in sink when she is done

Summarize Steps: prompt when done

Outcome #2: Identify peer or staff members to visit

Summarize Steps: present iPad, 2-3 choices, assist in visiting

Communication Style: Facial expressions, body lang., vocalizations, walk towards/away

Learning Style: routine, repetition, physical/verbal cues.

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>chocolate, citrus, &amp; milk.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no known seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, distracted while eating, packet, food cut into smaller pieces,</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>section plate, regular utensils, cup with a straw, may spit out food.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18q Deletion Syndrome, ear infections, Eczema</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none here</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bricks, pad, full physical assistance, alone for 5 mins,</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbally cued to look up, may be guided by her arm,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>None overstimulation, supported in finding calmer enviro.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>None</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone time in bathroom 5 mins visual checks every 2 mins</u>
Important to:	<u>socialize, familiar staff, music, walks</u>
Important for:	<u>walks, calm environment, holding her head up</u>
Likes:	<u>walks, wii, and relaxing in recliner</u>
Dislikes:	<u>being rushed, challenging to chew foods, loud environments</u>

Lead Review Completed: [Signature]

Staff: Amanda Diaz

Date: 03/04/2012



Service Recipient: Amber Roach

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Place cup in sink when finished w/drink or when going home  
Summarize Steps: home  
Prompt Amber to place cup in sink when finished

Outcome #2: Identify a peer or staff member to visit  
Summarize Steps:  
- make a choice using iPad  
- staff will assist in visiting room

Communication Style: facial expressions, body language, some vocalizations  
walks towards interested things, looks up when engaged

Learning Style: Routine and repetition, physical and verbal cues

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>Chocolate, citrus, milk, staff will not give chocolate</u> <u>citrus, milk</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, may not chew well, pocket food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, may pocket food, cut food into small pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal I90, Deletion syndrome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Ear infection</u> <del>ex</del> <u>Eczema</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs and additional pad during menses</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Asked to look up, watch where your walking, may be guided</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provided supervision and observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>overstimulation, loud environments, sitting in a corner</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amber can be left alone for 5 minutes with 2 min visual checks during cares</u>
Important to:	<u>Work with consistent staff, help her socialize w/friends, 1:1 time reading</u>
Important for:	<u>supported in a calm environment and encouraged to make choices going for walks, holding hands</u>
Likes:	<u>Sensory activities, walks, outings, sitting in a recliner</u>
Dislikes:	<u>Being rushed or loud and crowded places, food that is hard to chew</u>

Lead Review Completed: CM

Staff: Sara B  
 Date: 3/4/22



Service Recipient: Amber  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: <u>Place cup in sink when finished w/ drink or when going home.</u> Summarize Steps: <u>prompt Amber to place cup in sink when finished</u>
Outcome #2: <u>Identify peer or staff member to visit.</u> Summarize Steps: <u>made chore using upad</u> <u>staff assist in visiting room</u>
Communication Style: <u>Facial expressions body language some vocalizations</u> <u>walks towards things interested in looks up when engaged</u>
Learning Style: <u>Positive, repetition physical verbal cues</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Choc. Citrus &amp; milk concerns comm. to residence</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bit size diet may not chew well</u> <u>distressed w/ eating</u> <u>packet food cut smaller</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food sensory here</u> <u>sector built up plate</u> <u>food</u> <u>Bit size diet</u> <u>repetitive</u> <u>cup/straw &amp; time spit out as desired</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal IBS</u> <u>Parkinson Syndrome</u> <u>support in daily living</u> <u>low infections</u> <u>Eczema</u> <u>are submergations!</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable</u> <u>briefs</u> <u>add. padding</u> <u>menses</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>aided to look up watch</u> <u>where walking</u> <u>maybe guided</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provided supervision &amp; observe</u> <u>surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>overstimulation</u> <u>loud environments</u> <u>sitting in corner</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>alone 5 min in restrooms</u> <u>15 min</u>
Important to:	<u>work w/ consistent staff</u> <u>help her socialize w/ friends</u> <u>1:1 time</u>
Important for:	<u>Support in calm environment</u> <u>encourage choices</u> <u>walks</u> <u>holding hands</u>
Likes:	<u>sluggish</u> <u>walks</u> <u>outings</u> <u>sitting in recliner</u>
Dislikes:	<u>being rushed or loud</u> <u>crowded places</u> <u>food that's hard to chew</u>

Lead Review Completed: AM

Staff: Jalya Pratt

Date: 3/7/2022



Service Recipient: Amber R

Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: <u>Place cup in sink when finished or going home.</u> Summarize Steps: <u>Prompt Amber to place cup in sink when finished or before leaving.</u>
Outcome #2: <u>Identify a peer or staff member to visit.</u> Summarize Steps: <u>Presented with preset communication board or Ipad, staff will assist in visited chosen person.</u>
Communication Style: <u>Facial expressions, body lang. Some vocalization may walk towards things or activities. laugh or look up.</u>
Learning Style: <u>Facial expressions Routine and repetition, physical &amp; verbal cues.</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>coco, citrus, milk.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, may not chew well distracted while eating, pocket food. food may need to be cut into smaller pcs.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, may not chew well, pocket her food. food may be cut into smaller pcs.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18Q Deletion Syndrome. Support Amber in completing activities. Ear infection, Eczema.</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>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief add. pad during menses. Full assist. Alone in the for up to 5 mins checking her every 2 mins.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will be asked to look up and watch where you're walking by staff verbally.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide supervision and observe surroundings.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>overstimulation, over crowded or loud environments, comm. holding her head down.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in restroom for 5 min with visual checks every 2 mins.</u>
Important to:	<u>work with consistent staff who will take out into the community. help her socialize with friends, Music 1:1 time.</u>
Important for:	<u>supported in calm environment to make choices. Walks holding her head up when walking.</u>
Likes:	<u>sensory activities, walks, outings. Eating Foods she likes. Using wii and smart board.</u>
Dislikes:	<u>being rushed or in loud &amp; crowd places, Foods that are difficult to chew.</u>

Lead Review Completed: \_\_\_\_\_

Staff: Emily Ekenpeter  
 Date: 3.4.2021



Service Recipient: Amber Roach  
 Service Span: June 2021 - June 2022



**Outcomes:**

<b>Outcome #1:</b> Place cup in sink when finished with drink or when going home <b>Summarize Steps:</b> Staff prompt Amber to place cup in the sink when noted to be finished or before leaving, if Amber does, outcome is achieved
<b>Outcome #2:</b> Identify a peer or staff member to visit <b>Summarize Steps:</b> Presented with preset communication board on iPad, Make choice, Staff assist in visiting chosen person
<b>Communication Style:</b> Facial expressions, body language, and some vocalizations. Walk toward things or activities interested in. Laugh and look up when she is engaged. When not interested Amber will walk or pull away
<b>Learning Style:</b> Routine and repetition, physical and verbal cues.

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	<b>List &amp; Describe Supports:</b> Chocolate, citrus, and milk. Staff will not give chocolate, citrus, or milk. concerns communicated to her residence.
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> No known seizure activity
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> bite sized diet, may not chew well, distracted while eating, pocket her food Supports: food may be cut into smaller pieces, symptoms of choking-staff would administer abdominal thrusts
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Bite sized diet, food sent from home, Sectioned built-up plate, regular utensils, and cup with a straw to drink. Intake communicated to home, may spit out food-2 times honored as refusal. May spit out food if not cut small, staff make sure to cut up if needed.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> Distal 18Q Deletion Syndrome: support Amber in completing activities of daily living and socialization Ear Infections: symptoms of ear pain/discomfort will be communicated to Amber's residence Eczema: monitored for itchy, reddened, dry skin, supported in applying lotion during sensory activities. Noted areas of itchy, dry, reddened skin is reported to her residence

Lead Review Completed:

Staff: Trey G  
 Date: 3/7/22



Service Recipient: Amber Roach  
 Service Span: June 21 - June 22

Outcomes:

Outcome #1: Place Cup in Sink when Finished  
 Summarize Steps: Cup in sink, reminder

Outcome #2: Identify a peer or staff member to visit  
 Summarize Steps: Present on pad, make choice, assist in visiting chosen person

Communication Style: Facial expressions, body language, vocalizations, walk towards things or activities, laugh and look up when engaged

Learning Style: routine and repetition, physical and verbal cues

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>Chocolate, Citrus, and milk</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No known seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, may not chew well, distracted while eating, pocket food,</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, food sent from home sectioned, bumpy plate, regular utensils, cup with straw to drink, two sips = refusal</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distract 180° Dejection syndrome, ear infection, eczema,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, additional padding during menses, full physical assistance, alone in bathroom 5 minutes with visual checks every 2 mins</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>fixed to look up and watch where you're walking. may be guided. History of unknown bruises.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Observation of surroundings</u> <del>Common</del>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Overstimulation, overcrowded, communication by holding her head down, not responding, withdrawn, sitting in corner, hands to ears.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in restroom for 5 mins with visual checks every 2 mins</u>
Important to:	<u>working with consistent staff, socialize with friends, do things independently, music, l'il time, reading, sensory</u>
Important for:	<u>Calm environment, choices, walks, holding head up</u>
Likes:	<u>Sensory activities, walks, outings, wif, smart board, art, books, recliner,</u>
Dislikes:	<u>Being rushed, in loud or crowded places, foods that are challenging to chew</u>

Lead Review Completed: [Signature]

Staff: Alfredo Fierro-Montes  
 Date: 3-7-22



Service Recipient: Amber Poach  
 Service Span: June 21 - June 22

Outcomes:

**Outcome #1:** Place cup in sink when finished w/drink or when going home.  
 Summarize Steps:  
Staff prompt Amber to place cup in sink when she finishes.

**Outcome #2:** Identify a peer or Staff member to visit.  
 Summarize Steps:  
Present Amber with communication choices on Ipad, staff assist.

**Communication Style:**  
Facial Expressions, body language, some vocalizations. Walks towards things.

**Learning Style:**  
Routine and Repetition, physical and verbal cues.

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>Chocolate, citrus, milk, Staff will not give chocolate.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Many pocket food.</u> <u>Bite sized diet, may not chew well, distracted while eating.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet sent from home, sectioned plate.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>Distal 18Q Deletion Syndrome, Ear infections, Eczema</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled medication</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable Brief + additional pad, full physical assistance</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will be asked to "look up" and "watch when you're walking."</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision and observe surroundings.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Overstimulation: over crowded/loud environments.</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>Alone in the restroom for five minutes w/visual checks</u>
<b>Important to:</b>	<u>Working with consistent staff out in the community, help socialize, Music</u>
<b>Important for:</b>	<u>Calm environment, encouraged to make choices, walks, be independent.</u>
<b>Likes:</b>	<u>Sensory activities, walks, outings, eating most foods, wii, SMART BOARD</u>
<b>Dislikes:</b>	<u>Being rushed, loud/crowded places, foods that are challenging to chew.</u>

Lead Review Completed: GM

Staff: Shelly Nicked

Date: 03-07-2022



Service Recipient: Amber Roach

Service Span: 06/2021 - 06/2022

Outcomes:

Outcome #1: Place cup in sink when finished w/ drink or going home.

Summarize Steps: Staff prompt amber to place cup in the sink when noted to be finished or before leaving, if amber does outcome is achieved.

Outcome #2: Identify a peer of staff member to visit.

Summarize Steps: presented w/ comm. board on Ipad, make choice, staff assist in visiting chosen person.

Communication Style: Facial expressions, body language, & some vocalizations. walk toward things/activities. laugh/look up w/ engaged. walk or pull away when not engaged.

Learning Style: Routine, repetition, physical & verbal cues.

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>Chocolate, citrus, &amp; milk comm. concerns to residence</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, may not chew well, distracted w/ eating, may pocket her food.</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, sent from home, sectioned built up plate, reg. utensils. w/ w/ straw to drink. spit out 2x = Refusal.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal IRR Pelton Syndrome - Support amber in completing activities of daily living and socializing.</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief + additional pad when menses, full-assistance w/ personal cares. Alone for 5 min, walk every 2 min.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amber will be asked to look up &amp; watch where you're walking may guide by taking her arm.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision &amp; observe surroundings.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>overstimulation - over crowded or loud environments - puts head down. wont look up, sit in corner. Find calmer environment</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in Restroom for 5 min w/ visual checks every 2.</u>	
Important to: <u>working w/ consistent staff who take her out in community, help her to socialize &amp; do things independently, music litime, reading, walks.</u>		
Important for: <u>supported in calm environment &amp; encouraged to make choices. walks, while watching where she is going. To be independent</u>		
Likes: <u>Sensory activities, walks, outings, eating &amp; most foods. Using the wii &amp; smart board, looking at books or being read to. Recliner w/ blanket</u>		
Dislikes: <u>being rushed or in loud &amp; crowded places, foods that are challenging to chew.</u>		

Lead Review Completed: \_\_\_\_\_

Staff: Mari BP  
 Date: 3-4-22



Service Recipient: Amber  
 Service Span: June 21 - June - 22

Outcomes:

Outcome #1: <u>Place cup in sink when finished w/ drink or when going home</u> Summarize Steps: <u>staff prompt Amber to place cup in the sink when asked to be finished or before leaving</u>
Outcome #2: <u>Identify a peer or staff member to visit</u> Summarize Steps: <u>Presented w/ present communication board on iPad, make choice &amp; staff assist</u>
Communication Style: <u>facial expressions, body language, and some vocalizations</u> <u>Walk towards thing eyes interested in. Look up when engaged</u>
Learning Style: <u>Routine &amp; repetition, physical &amp; verbal cues</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>chocolate, citrus &amp; milk. staff will not give these</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No known seizure activity</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet, may not chew well, distracted while eating</u> <u>may pocket food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet food sent from home w/ sealed built-up plate,</u> <u>regular utensils, may spit out food.</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18q Deletion Syndrome; supported Amber in completing activities of daily living, ear infections &amp; eczema</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief &amp; pad during messy full physical assistance, monitor for skin integrity, given 5 minutes</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amber will be asked to "look up" and "watch where you're walking" &amp; guided by arm history of falls</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide supervision &amp; observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Overstimulation, overcrowded or loud environments, holds her down (can be withdrawn) or hands over ears</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in restroom for 5 minutes w/ visual checks every 2 minutes</u>
Important to:	<u>workday w/ consistent staff who take her in community, help her socialize, music reading, sensory, walks</u>
Important for:	<u>supported in calm environments &amp; encouraged to make choices, walks - holding head up, likes &amp; dislikes</u>
Likes:	<u>sensory activities, walks outdoors, enjoys rather &amp; moist foods, variety w/ art, magazines</u>
Dislikes:	<u>being rushed in in loud crowded places, foods that are chunky or to chew.</u>

*CM*

Staff: Nancy Hanson

Date: 3-11-22



Service Recipient: Amber Reach

Service Span: June 2021 - June 2022

Outcomes:

Outcome #1: <u>Place cup in sink when finished with drink or when going home</u> Summarize Steps: <u>Staff prompt Amber to place cup in the sink when finished or leaving</u>
Outcome #2: <u>Identify a peer or staff to visit</u> Summarize Steps: <u>Make choice from a pre-est Comm. board and staff assist</u>
Communication Style: <u>facial expressions, body language, and some vocalizations</u>
Learning Style: <u>Routine + repetition, physical + verbal cues</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chocolate, citrus and milk</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>no known seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size diet, may not chew well pocket her food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size diet, food sent from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 180 syndrome, ear infections, ear/pain discs</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>eczema</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, full physical assistance to complete personal cares</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may guide by her arm tell her to look up &amp; watch where you're walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervision &amp; observe surrounding</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>over stimulation, loud environments, hold her head down</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>no behavior supports</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>alone in restroom for 5 min. w/ visual checks</u>
Important to:	<u>supported in a calm manner, consistent staff, socializing music 1:1 time, reading walls</u>
Important for:	<u>walks, holding her head up to watch, independent staff, communication</u>
Likes:	<u>sensory activities, walks, ontrop, playing wii + smart board</u>
Dislikes:	<u>being rushed, loud places, Chewy foods</u>

Lead Review Completed: SM

Staff: Del St Martin



Service Recipient: Amber Roach

Date: 3/7/2022

Service Span: 1/2021 - 6/2022

Outcomes:

Outcome #1: <u>Place cup in sink with chunk of when going home.</u> Summarize Steps: <u>Staff prompt Amber to place cup in sink when noted</u>
Outcome #2: <u>Identify a peer or staff to visit</u> Summarize Steps: <u>Present with preset communication board on iPad, make choice, staff assist to visit</u>
Communication Style: <u>Facial expressions, body language, some vocalizations. Walk toward things or activities interested in. Laugh + look up when engaged. When not interested will walk or pull away.</u>
Learning Style: <u>Repetition, repetition, physical, verbal cues.</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chocolate, Citrus, milk. Staff do not give.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, may not chew well, distracted while eating</u> <u>Pre-cut her food - may cut into smaller pieces, - adorning / thrusts if chunky</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet sent from home. Sectioned built up plate, regular utensils - cup w/ straw - may spit out food or hummed as refusal</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18Q Deletion Syndrome, Ear infections, Eczema,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable linnet + additional pad during menses. Full assistance in Personal Care - Monitor skin integrity + provide privacy - emul alone +</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visual checks every 5 min</u> <u>Ask to look up + watch when you're walking around obstacles.</u> <u>Guided by arm.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support by staff</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Over stimulation, overcrowded or loud environments, holds head down, not responding to look up with caution, sits in corner, hands to ears</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alone in kitchen 5 min w/ visual checks every 2 min.</u>
Important to:	<u>Consistent staff to take out in community, socialize w/ friends, doing things independently, Music, 1:1 time, reading, sensory, walks</u>
Important for:	<u>Supported calm environment, encouraged to make choices, walks, holding hand up to watch when she is walking, independent, staff who know her.</u>
Likes:	<u>Sensory activities, walks outdoors, Engage eating most foods, using Wii + smart board, checking out books, magazines, being read to, relaxing in recliner wrapped up in blanket</u>
Dislikes:	<u>Being rushed in in loud + crowded places. Foods that are challenging to chew.</u>

Staff: Kathy Peng  
 Date: 3-8-22



Service Recipient: Amber Roach  
 Service Span: 6/21 - 6/22

Outcomes:

Outcome #1: <u>Place cup in sink when finished &amp; drink or when going home</u> Summarize Steps: <u>Staff prompt to place cup in sink when noted to be finished or before leaving</u>
Outcome #2: <u>Identify a peer or staff member to visit</u> Summarize Steps: <u>Present &amp; pre set comm. board on IAD, make choice, assist in visiting chosen person</u>
Communication Style: <u>facial expressions, body language, vocalizations. Will walk towards things or act interested in. Laugh &amp; look up when engaged when not interested Amber will walk or pull away</u>
Learning Style: <u>Routine &amp; repetition, physical + verbal cues</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Chocolate, citrus, milk. Do not give Comm. concerns to residence</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>Bite sized, may not chew well, distracted while eating, pockets food. May be cut smaller if symptoms of choking - abdominal discomfort</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, sectioned, swept up plate, req utensils, cup &amp; straw. Comm. entakes to home - may spit out food - 2 times honored as refusal. Will spit out if bites too big</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distal 18Q Deletion Syndrome - support DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes in completing ADL's. Ear infections, Eczema - apply lotion for sensory. Report all to residence</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief &amp; added pad during mensura. Full physical assist for ADL's. v for skin integrity, alone in BR for 5 min - check q 2 min</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cue Amber to "look up" "watch where you're walking" and verbally cue around obstacles. Guide by taking arm. Hx of blisters &amp; scratches which may be due to walking onto things</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision/assist</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Overstimulation: overcrowded or loud environments communicates by holding her head down, not responding to requests to look up, becomes withdrawn, sitting in corner + putting hands on ears. Feels area</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>alone in bathroom for 5 min &amp; usual checks q 2 min for privacy</u>
Important to:	<u>working &amp; consistent staff, community, help her socialize &amp; friends &amp; do things independently. Music, 1:1, reading, sensory, going for walks</u>
Important for:	<u>Calm environment, choices, walks, holding her head up to watch where walking, being independent, staff who know her, her communication</u>
Likes:	<u>sensory act, going for walks, outings. Enjoy eating, Wii or SMART Board art, looking @ books &amp; magazines or being read to. Music, recliner wrapped in blanket</u>
Dislikes:	<u>being rushed, loud environment, crowded places, foods that are hard to chew</u>

Lead Review Completed: CM