Competency Tracking Form

Participant: Leif Odne

Annual Service Span: __Februrary 2022 – February 2023_____

Annual Meeting Date: _____   **Date Assigned to Lead: _____**

Competency Quiz Due for all Staff: _____

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile._____

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

Date Completed	Initials	Full Name
3/8/21	AW	Anna Wrich
	DD	Danea Davis
	AG	Andrea Green
3/16	ZW	Zach Weinmann
6/8/22	JG	John Gebhardt
	DT	Dave Turner
	DP	Dan Popp
	Dm	Dennis Moua
3/15	KS	Dolly Stein
3/15	RS	Renee Schmidt
3/10/22	NS	Nancy Snyder
	SG	Susan Gaines
	RC	Rey Ceragioli
	NK	Nikki Kereluk

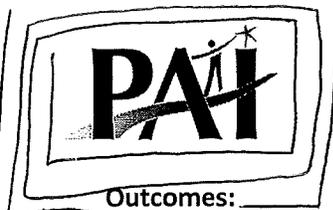| Date Completed	Initials	Full Name
3/11/22	TB	Tyler Bongard
		Megan Willis (sub/float)
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Jess Gunderson
		Lindsay Carlson

Staff: TYLER BONGARD
Date: 3/8/22

PAI

Service Recipient: LEIF ODNE
Service Span: FEB 2022 – FEB 2023

Outcomes:

Outcome #1: VISITING ANOTHER PROGRAM ROOM
Summarize Steps:

Outcome #2: USE JOKE BOOK TO TELL JOKE TO A PEER.
Summarize Steps:

Communication Style: NONVERBAL, USES HEAD NODS & HEAD SHAKES, USES COMMUNICATION BOOK

Learning Style: THROUGH OBSERVATION & REPETITION

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

Allergies: ☐ No ☐ Yes N/A	List & Describe Supports:
Seizures: ☒ No ☐ Yes	Describe Supports: INFREQUENT GENERALIZED TONIC CLONIC KNOWS SEIZURES – PARTIALLY CONTROLLED BY MEDS. STAFF PROTOCOL
Choking: ☒ No ☐ Yes	Describe Supports: FOOD BITE SIZED, VERBAL CUES TO SLOW DOWN/CHEW THOROUGHLY
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: USES ARJO
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: STAFF PROPELS WHEELCHAIR
Community Support: ☒ No ☐ Yes	Describe Supports: SUPERVISION & PHYSICAL SUPPORT, MODEL SAFETY SKILLS
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: (NO UNSUPERVISED TIME)

Important to: PEERS, WRESTLING, WATCHING EATING COMPETITIONS, HUMOR

Important for: HUMOR, BEING INCLUDED, STAFF LISTENING TO HIM, HELP W/ EATING & CARES

Likes: BEING FUNNY, FOOD, MUSIC, FRIENDS & FAMILY

Dislikes: STEAK, LOUD PEOPLE, BEING RUSHED, GOING TO BED

Lead Review Completed: _____

Staff: Lindsay Carlson

Date: 3/8/22

PAI

Service Recipient: Lelf Odne

Service Span: Feb 2022-Feb 2023

Outcomes:

Outcome #1: Visiting another program room

Summarize Steps:

Outcome #2: (w/ staff help) using joke book to tell joke to peers

Summarize Steps:

Communication Style:
nonverbal, head nods/shakes, communication book

Learning Style:
observation, repitition

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: staff trained on protocol, no PRN infrequent generalized tonic clonic seizures (partially controlled by meds)
Choking: ☒ No ☐ Yes	Describe Supports: food into bite-sized pieces, verbal cues to slow & chew
Specialized Diet: ☒ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: arjo, wheelchair (usually staff propelled)
Community Support: ☒ No ☐ Yes	Describe Supports: staff provide supervision & physical support, Red/community safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: doesn't get unsupervised time

Important to:
peers, wrestling, watching eating comp., humor

Important for:
humor, being included, staff listen to him, staff help w/ eating & cares

Likes:
being funny, food, music, friends/family

Dislikes:
steak, loud people, being rushed, going to bed

*no outings as of now, no shredding

Lead Review Completed: _____

Staff: *Rey Ceragion*
Date: *3/8/22*

PAI

Service Recipient: *Leif O*
Service Span: *Feb 2022 - Feb 2023*

Outcomes:

Outcome #1: *Visiting another program room* .
Summarize Steps:

Outcome #2: *Using a joke book to tell a peer a joke (with staff help)* .
Summarize Steps:

Communication Style:

non-verbal, head nods, communication book

Learning Style:

observation and repatition

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

Allergies: ☐ No ☐ Yes *N/A*	List & Describe Supports:
Seizures: ☒ No ☐ Yes	Describe Supports: *Follow protical (generic) no PRN intreguet/generalized tonic clonic seizures, partly controled by meds*
Choking: ☒ No ☐ Yes	Describe Supports: *bite sized pieces, verbal ques to slow down and then (g-tube)*
Specialized Diet: ☒ No ☒ Yes *N/A*	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes *N/A*	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes *N/A*	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: *Arjo*
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: *Arjo, wheelchair, staff assistance*
Community Support: ☒ No ☐ Yes	Describe Supports: *Provides supervision and support; model staffy skills*
Sensory Support: ☐ No ☐ Yes *N/A*	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes *N/A*	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: *no unsupervised time*

Important to: *peers, wrestiling, eating compations, humor*

Important for: *humor, being included, staff listen to him, staff help with eating and cares.*

Likes: *being funny, food, music, friend + family*

Dislikes: *steak, loud people, being rushed, going to bed.*

✗ No outings
✗ No working/shredding

Lead Review Completed: _____

Staff: Danea Davis

Date: 3/8/22

PAI

Service Recipient: Leif O.

Service Span: Feb 2022-2023

Outcomes:

Outcome #1: Visiting Other Program Room

Summarize Steps:

Outcome #2: Using a Joke Book

Summarize Steps:

Communication Style: non-verbal, head movements, communication book/visuals.

Learning Style: Observation, repitition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☑ No ☐ Yes	Describe Supports: in frequent generalized tonic-clonic seizures. Medication. Staff trained on protocol.
Choking: ☑ No ☐ Yes	Describe Supports: food in bite size, verbal cues to slow down & chew more. G-tube
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NA
Personal Cares: ☐ No ☐ Yes	Describe Supports: Arjo lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Arjo lift, wheel chair, staff steer
Community Support: ☐ No ☐ Yes	Describe Supports: Staff provide supervision & physical support model safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None

Important to: peers, wrestling, food/eating competitions, humor

Important for: humor, inclusivity, staff listens, supports with eating

Likes: humor, food, music, friends, family

Dislikes: Steak, noise, rushed, sleeping

Lead Review Completed: _____

Staff: Gaines, Suzie
Date: 2/8/2022

PAI

Service Recipient: Leif, Joen.
Service Span: Feb - 27 Feb '23

Outcomes:

Outcome #1: Visiting other rooms.
Summarize Steps:

Outcome #2: Telling a Joke to a peer.
Summarize Steps:

Communication Style: - Non-verbal   · Comm book
· head Shakes.

Learning Style: · watching
·

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

Allergies: ☐ No ☐ Yes N/A	List & Describe Supports:
Seizures: ☒ No ☐ Yes	Describe Supports: · generalized tonic seizures · Staff are trained on protcol · partly controlled by meds
Choking: ☒ No ☐ Yes	Describe Supports: ·food cut into bite size pieces · slow down · eg juice - med/drinks
Specialized Diet: ☒ No ☐ Yes N/A	Describe Supports:
Chronic Medical Conditions: NA ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes 0/0	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: R-Jo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: R-Jo
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will give support · Com. Safty skills.
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: peers, watching food Com. Jokes,

Important for: Jokes, laughing being including, staff helping food/cares

Likes: being funny, food, music, friends, family

Dislikes: Steak, turned, lova,

Lead Review Completed: _____

Staff: John Gebhardt
Date: 3-8-22

PAI

Service Recipient: Leif Odne
Service Span: 2/22 to 2/23

Outcomes:

Outcome #1: Visiting another program room
Summarize Steps:

Outcome #2:
Summarize Steps: Using a joke book with staff help.

Communication Style: non verbal, uses head nods, head shakes, smiles, uses a communication book.

Learning Style: by observation and repetition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N A
Seizures: ☒ No ☐ Yes	Describe Supports: - Medication controlled. Has infrequent Generalized T/C, seizures
Choking: ☒ No ☐ Yes	Describe Supports: Staff are trained on protocols Food - bite sized pieces, slowly eat, drink
Specialized Diet: ☒ No ⊙ Yes	Describe Supports: N - A -
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N A
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses Arjo Lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses arjo and wheelchairs.
Community Support: ☐ No ☐ Yes	Describe Supports: Staff provide supervision and support safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to: His peers, wrestling, food shows, Humor

Important for: Humor, being included, Listening to him

Likes: being funny, Food, music, friends, family

Dislikes: steak- hard foods, loud people, being rushed.

Lead Review Completed: _____

Staff: ANDREA GREEN
Date: 3-8-22

PAI

Service Recipient: Leif O
Service Span: 2/2022 - 2/2023

Outcomes:

Outcome #1: Visiting other program rooms
Summarize Steps:

Outcome #2: Using a joke book. tell jokes to peers.
Summarize Steps:

Communication Style:
nonverbal. head nodes & shakes. has communication Book

Learning Style:
observation.

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: infrequent generalized tonic/controlled by meds
Choking: ☒ No ☐ Yes	Describe Supports: cut into bite size. reminders to slow down (G tube)
Specialized Diet: ☒ No ☒ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: alo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: alo - wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: supervised & physical model safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE

Important to:
peers. wrestling. food shows. humor

Important for:
humor being included. staff listen & help w/ cares & eating

Likes:
being funny. food. music. friend & family

Dislikes:
fear. loud people. being pushed. going to bed.
NO outings TBD

Lead Review Completed: _____

Staff: Nikki Kereluk

Date: 3/8/22

PAI

Service Recipient: Leif Odne

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Visiting another program room
Summarize Steps:

Outcome #2: (w/ staff help) tell joke w/ joke book to a peer
Summarize Steps:

Communication Style: non-verbal / head nods / communication book

Learning Style: observation / repetition

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

Category	Supports
Allergies: ☐ No ☐ Yes ✓	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: infrequent generalized tonic clonic partially controlled by meds. Staff trained on protocol
Choking: ☒ No ☐ Yes	Describe Supports: cut into bite size pieces. "slow down" g-tube (hydration/meds)
Specialized Diet: ☒ No ☐ Yes /	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ⁄	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes —	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair - staff propels
Community Support: ☒ No ☐ Yes	Describe Supports: provide supervision + physical support / model pedestrian + community skills
Sensory Support: ☐ No ☐ Yes ⁄	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes ⁄	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE

Important to: peers, wrestling, eating competitions, humor

Important for: humor, inclusion, staff listen, staff help eating/cares

Likes: funny, food, music, friends/family

Dislikes: steak. loud people, rushed, going to bed,

Lead Review Completed: _____

Staff: Dennis Mone   **PAI**   Service Recipient: Leif Odne

Date: 3/8/22   Service Span: Feb 2022 – Feb 2023

Outcomes:

Outcome #1: Visiting another program room   .

Summarize Steps:

Outcome #2: Using a joke book to tell to a peer (staff assist).

Summarize Steps:

Communication Style: non verbal, uses head nods & shakes, ASL comm. book

Learning Style: observation & repetition

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

Category	Supports
Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: Staff trained on his protocol. infrequent generalized tonic clonic seizures (partial) (controlled)
Choking: ☑ No ☐ Yes	Describe Supports: food cut into bite sized pieces, verbal cues to slow down
Specialized Diet: ☑ No ☑ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: N/A DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☑ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☑ Yes	Describe Supports: Arjo
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Staff assist him in wheelchair
Community Support: ☐ No ☑ Yes	Describe Supports: staff assist when he needs.
Sensory Support: ☐ No ☑ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: pin, ?, food coordination, humor,

Important for: humor, being included, staff assist with food & cares

Likes: being funny, food, music, family & friends

Dislikes: staff, loud noise, being rushed, going to bed

Lead Review Completed: _____

Staff: Daniel P.

Date: 3/8/22

PAI

Service Recipient: Leif O

Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Visiting other program rooms

Summarize Steps:

Outcome #2: Using joke book to tell jokes

Summarize Steps:

Communication Style: Non Verbal, head nods and shakes, has communication book

Learning Style: Observation and repititian

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

Category	Supports
Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Partially controlled by meds, Staff are trained on protocol has infrequent generalized tonic clonic seizures. No PRN
Choking: ☒ No ☐ Yes	Describe Supports: Cut food into bite sized pieces, Verbal cues to 'slow down'
Specialized Diet: ☒ No ☒ Yes ✓	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NA
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses arjo and wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provide provision and support
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Peers, wrestling, watching food eating competitions

Important for: being included, staff listening

Likes: Being funny, food, music, friends, and family

Dislikes: Steak, loud people, being rushed, going to bed

Lead Review Completed: _____

Outcomes:

Outcome #1: Visit another program Room .
Summarize Steps:

Outcome #2: Use a joke book to tell jokes to a peer .
Summarize Steps:

Communication Style:
Non verbal, head nods/shakes, Communication Book

Learning Style:
Observation, Repitition

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: Partially Controlled by medication infrequent generalized tonic clonic seizure, staff trained on protocol
Choking: ☒ No ☐ Yes	Describe Supports: Bite size pieces slow down Chew throughly. has g-tube
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☐ No ☐ Yes	Describe Supports: Arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair, Arjo staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Model ped and comm, safety skills ~~~~ Staff provide supervision and physical support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No Unsupervised time

Important to:
Wrestling humor, eating

Important for:
humor, being included, staff listened to him, staff help him eating, Cares

Likes:
Being funny food, music friends, family

Dislikes:
steak, loud people being rushed, going to bed.

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 3-8-22

PAI

Service Recipient: Leif Odne
Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: Visiting another program room
Summarize Steps:

Outcome #2: Using a joke book - to tell joke to peer (w/staff help)
Summarize Steps:

Communication Style:
non-verbal, head nods or shakes, communication Book

Learning Style:
observation and repetition

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

Allergies: ☐ No ☐ Yes NA	List & Describe Supports:
Seizures: ☒ No ☐ Yes	Describe Supports: controlled by medication, staff trained on physical infrequent generalized clonic/tonic seizures
Choking: ☒ No ☐ Yes	Describe Supports: Food cut into bite size pieces, slow down
Specialized Diet: ☒ No ☐ Yes NA	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes NA	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: Arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Arjo, wheelchair, staff propels
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provides supervision, model safety skills
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Peers, wrestling, watching eating competition, humor

Important for:
humor, included, staff listen to him, staff help w/ eating & cares

Likes:
funny, food, music, friends & family

Dislikes:
steak, loud people, rushed, going to bed

No outings

Lead Review Completed: _____

Staff: _Kathryn Stein_ **PAI** Service Recipient: _Leif Odne_

Date: _3/15/22_   Service Span: _2/22 - 2/23_

Outcomes:

Outcome #1: _Visit another program room_ .
Summarize Steps:

Outcome #2: _using a joke book to tell a joke to a peer_ .
Summarize Steps:

Communication Style:
Nonverbal, head nods/shakes, communication book

Learning Style:
Observation, repetition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: infrequent generalized tonic clonic seizures, partially controlled by medication. Staff trained on protocol
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, "slow down" "chew throughly" reminders has G-tube
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: ArjO
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff propel wheelchair, Arjo
Community Support: ☒ No ☐ Yes	Describe Supports: staff provide supervision and physical support model pedestrian and community safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: wrestling, humor, eating

Important for: humor, being included, staff listening to him, staff help him with eating and cares

Likes: Being funny, food, music, friends, family

Dislikes: steak, loud people, being rushed, going to bed

Lead Review Completed: _____

Outcomes:

Outcome #1: Visiting another program room   .
Summarize Steps:

Outcome #2: Using a joke book to tell another staff a joke.   .
Summarize Steps:

Communication Style:

Non-verbal, head nods & shakes. Communication book

Learning Style:

Observation + repetition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Staff trained on (protracted seizure) Infrequent generalized tonic-clonic seizures, partially controlled with meds
Choking: ☒ No ☐ Yes	Describe Supports: - G Tube for meds & extra fluids. Cut food into bite size pieces, verbal cues to slow down, chew thoroughly.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NA
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses R-JO
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses R-JO, wheelchair, staff usually propels chair.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provide supervision + support. Model safety skills in community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to:

Peers, wrestling, food competitions, humor

Important for:

Humor, being included, staff listen, help him with cares.

Likes:

Being funny, food, music, friends + family.

Dislikes:

Steak, loud people, being rushed, going to bed, (bugs)

Staff: Zach Weinmann
Date: 3-15-22

PAI

Service Recipient: Leif Odne
Service Span: 2-22 → 2-23

Outcomes:

Outcome #1: Visit another program room
Summarize Steps:

Outcome #2: Using a joke book to tell a joke to a peer.
Summarize Steps:

Communication Style:
Nonverbal, Head nods/shakes, Comm book

Learning Style:
Observation, repetition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Infrequent generalized Tonic Clonic Seizures Staff trained on protocol Partially controlled by Medication
Choking: ☒ No ☐ Yes	Describe Supports: Bite size pieces, slow down, chew thoroughly has G-tube
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes N/A
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Arjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel chair Arjo
Community Support: ☐ No ☐ Yes	Describe Supports: Supervision & Full Support Model pedestrian Safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None
Important to:	Wrestling, humor, eating
Important for:	humor, being included, Staff listening help w/ eating/cares
Likes:	Being funny, food, music, friends, Farm
Dislikes:	Steak, loud people, being rushed, Bedtime

Lead Review Completed: _____

Staff: Anna Wrich
Date: 3/8/2022

PAI

Service Recipient: Lief Odne
Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: Visit another Program room.
Summarize Steps:

Outcome #2: Use a joke book to tell a joke to a peer.
Summarize Steps:

Communication Style: non-verbal- head nods/shakes. Communication book.

Learning Style: Observation, repitition.

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: infrequent generalized tonic-clonic Partially controlled. - Staff trained on Protocol
Choking: ☒ No ☐ Yes	Describe Supports: bite size pieces. Verbal cues to slow/chew
Specialized Diet: ☒ No ☒ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Arjo - Sit on toilet.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff Propel wheel chair.
Community Support: ☐ No ☐ Yes	Describe Supports: Provide Supervision/Physical support model ped safety.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None.

Important to: Peers. Wrestling. eating competitions, Humor.

Important for: Humor. being included. being listened too. help w/ eating/cares

Likes: being funny, food, music, friends, family.

Dislikes: Steak. Loud people, being rushed, bedtime.

(No outings until further notice.)

Lead Review Completed: _____