Competency Tracking Form

Participant: Hope Gustafson

Annual Service Span: January 2022 – January 2023

Annual Meeting Date: __3/14/2022_____Date Assigned to Lead: __3/16/2022_____

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
3/16/22	TB	Tyler Bongard	3/16/22	KS	Dolly Stein
3/16/22	RC	Rey Ceragioli	3/16/22	DT	Dave Turner
3/16/22	DD	Danea Davis	3/16/22	ZW	Zach Weinmann
3/16/22	SG	Susan Gaines	3/16/22	AW	Anna Wrich
3/16	JG	John Gebhardt			Lindsay Carlson (sub)
3/16/22	AG	Andrea Green			Anna Pratt (sub/float)
		Jess Gunderson			Josh Snodie (sub)
3/16/22	NK	Nikki Kereluk			Megan Willis (sub/float)
3/16/22	DM	Dennis Moua	3/16/22	KP	Kathy Perry
3/16/22	KN	Kennedy Norwick	3-16-22	MH	Monie Hernandez
3/16/22	DP	Dan Popp			
3/16/22	RS	Renee Schmidt			
3/16/22	NS	Nancy Snyder			

Date Uploaded to LMS: _____

Staff: TYLER BONGARD
Date: 3/16/22

PAI

Service Recipient: HOPE G.
Service Span: JAN. 2022 - JAN 2023

Outcomes:

Outcome #1: SHE WILL ASSIST STAFF IN MAKING HERSELF HOT CHOC/LEMONADE
Summarize Steps: ASKS STAFF TO MAKE IT, STAFF ASSISTS HER & HELPS HER BE AS INDEPENDENT AS POSSIBLE.

Outcome #2: SHE WILL ENTER PASSWORD FOR IPAD.
Summarize Steps: STAFF WILL USE HAND OVER HAND TO ASSIST HER

Communication Style: SIMPLE VERBAL PHRASES, FACIAL EXPRESSION, BODY LANGUAGE

Learning Style: OBSERVATION, REPETITION, HAND OVER HAND

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 N/A	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: MAY EAT TOO QUICKLY - PROMPT TO SLOW DOWN.
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports: CUT FOOD IN BITE-SIZED PIECES
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports:　　　　　　　　　　DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NO MEDS @ PAI (CURRENTLY)
Personal Cares: ☐ No ☒ Yes	Describe Supports: INDEPENDENT
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MAY TRIP OR FALL OVER OBSTACLES/OBSTACLES ICE - STAFF ASSIST IF NEEDED
Community Support: ☒ No ☐ Yes	Describe Supports: STAFF OFFER VERBAL & POINT TO PROMPTS & OFFER ARM WHEN ICE
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: SENSITIVE TO LOUD NOISES - MAY RUN AWAY OR COLLAPSE
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: OFFER IPAD, WALK IN HALLWAY & BREAK OUT SPACE CAN BE PHYSICALLY AGGRESSIVE TO OTHERS & SELF.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: UNSUPERVISED TIME IN BREAK OUT SPACE (5MIN)

Important to: MUSIC, IPAD, WALKS, INDEPENDENCE

Important for: WALKS, PROMPTING INDEPENDENCE, REDIRECTION, PARTICIPATION, SELF-REGULATION

Likes: IPAD, GLOVES, MUSIC, TAKING WALKS

Dislikes: LOUD MUSIC, BALLOONS, ESCALATORS, MERRY GO ROUNDS, CITY BUSES

Lead Review Completed: _____

Staff: _Rey Ceragioni_
Date: _3/16/22_

PAI

Service Recipient: _Hope G_
Service Span: _Jun 22 - Jan 23_

Outcomes:

Outcome #1: _assist staff with making a cup of hot chocolate or lemonaid_
Summarize Steps: _Hope will ask help before making the drink_

Outcome #2: _Enter Ipad password_
Summarize Steps: _hand over hand help_

Communication Style:
simple verbal phrases, body language, facial expressions

Learning Style:
observations, hand over hand

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 N/A	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: _Hope may eat too quickly. Bite sized pieces._
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	Describe Supports: _no meds at PAI, staff if needed a med._
Personal Cares: ☐ No ☒ Yes	Describe Supports: _independant_
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _may trip, fall on ice. Help when needed._
Community Support: ☒ No ☐ Yes	Describe Supports: _staff offer verbal help. offer hand on ice._
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: _loud (elope)_ _sensitive to sounds, my run away or colasp._
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _physically aggressive to herself & others_ _walk in hallway, Ipad and break space when needed._
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: _5 minutes of alone time._

Important to: _music, ipad, walks, independants_

Important for: _walks, prompting independants, participation, self regulation_

Likes: _Ipad, gloves, music, taking walks. toilet paper in belly button._

Dislikes: _elevators, loud music, balloons, marry-go-round. city buses, escalator._

Lead Review Completed: _____

Staff: Danéa Davis

Date: 3/16/22

PAI

Service Recipient: Hope

Service Span: Jan 2022-2023

Outcomes:

Outcome #1: Assist staff making hot cocoa or lemonade.
Summarize Steps: She'll ask for a drink and staff will assist

Outcome #2: Open iPad with password.
Summarize Steps: Staff will assist w/ hand over hand

Communication Style: Simple verbal, expressions, body language

Learning Style: observe, repeate, hand-over-hand

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: may eat to quickly. Bite size. remind to stow 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: none at PAI	
Personal Cares: ☐ No ☑ Yes	Describe Supports:	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: May trip, Staff assist w/ obstacles	
Community Support: ☑ No ☐ Yes	Describe Supports: staff offer verbal & point props. Staff assists	
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Sensitive to loud noise. May run away and/or collapse.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Staff offers hallway, quiet space, iPad. Can be physically aggressive to self/others. Redirect	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: ≤ 5 min. Staff walk w/ Hope if aggitated	

Important to: music, iPad, walks, independence

Important for: walks, prompting, self reg., participation.

Likes: iPad, gloves, music, walks

Dislikes: loud music, balloons, escalators, elevators, city bus

Lead Review Completed: _____

Staff: Gaines, SuJo
Date: 3/16/2022

PAI

Service Recipient: Hope Gustuson
Service Span: Jan 2022 - Jan 2023

Outcomes:

Outcome #1: Hope will assist staff in making a cup of Hot Coco/Lemonade
Summarize Steps: Hope asks staff for HotCoco
• Hope helps staff in making Hot Coco.

Outcome #2: Hope will enter iPad password with staff assistance.
Summarize Steps: • Hope gets iPad & asks for help. w/ password - staff will do hand over hand.

Communication Style:
Simple verbax phrases, faical expressions, body language.

Learning Style:
Observation repetition, hand over hand.

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

Category	List & Describe Supports
Allergies: ☐ No ☐ Yes NA	
Seizures: ☐ No ☐ Yes Na	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: (Slow down) Hope may eat to quickly. bite size peices
Specialized Diet: ☐ No ☐ Yes NA	Describe Supports:
Chronic Medical Conditions: NA ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No meds at PAI, staff trained in med pass.
Personal Cares: ☐ No ☒ Yes	Describe Supports: Hope is independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/fall due to obstacles. Could fall on ice.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff offer verbal, point prompts. "look" "Watch" requires staff support in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises. may run away. and/or colapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: staff offers walks in hall way. offers iPad. Physically aggressive to self / others may need 1:1 staff.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Hope can have unsupervised time. break out room for up to 5 minuts. staff walk in hallway w/ hope when upset

Important to:
music, iPad, walks, idependence.

Important for: walks (when upset) promoting independence, persistence. redirtion

Likes: iPad, gloves music, talking walks

Dislikes: loud music, balloons, city bus, merry-go-arounds, escalators.

Lead Review Completed: _____

Outcomes:

Outcome #1: Assist staff making hot cocoa or Lemonade

Summarize Steps:

Outcome #2: Enter the I pad password by herself with partial

Summarize Steps: assistance from the staff.

Communication Style: Short verbal words, facial expressions.

Learning Style: repitition and hand over hand

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

Category	List & Describe Supports
Allergies: ☐ No ☐ Yes NA	List & Describe Supports:
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: She may eat to fast, Tell her to slow down and bite sizes,
Specialized Diet: ☐ No ☐ Yes NA	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports:
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff would give if needed,
Personal Cares: ☐ No ☒ Yes	Describe Supports: Hope is independent on this
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/fall over obsticals or ice, Staff Helps,
Community Support: ☒ No ☐ Yes	Describe Supports: Staff give verbal promts and points out things,
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises, May run away.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Can be aggressive to others, Staff offers walking in hallway and breakout space.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Staff to walk with her if she's agitated

DNR/DNI: ☐ No ☐ Yes (in Chronic Medical Conditions row)

Important to: Music, I pad, walks, independence

Important for: walks, redirections, independence. participation

Likes: I pad, gloves, music walking

Dislikes: Loud music, balloons, city buses,

Lead Review Completed: _____

Staff: ANDREA GREEN
Date: 3-16-22

PAI

Service Recipient: Hope G.
Service Span: 1-2022- 1-2023

Outcomes:

Outcome #1: Asst staff with making drinks Hot choclate & lemonade.
Summarize Steps:

Outcome #2: Will enter ipad password w/ staff help hand over.
Summarize Steps: hand

Communication Style:
Simple verbal. body lanauge. facial

Learning Style:
hand over hand observing

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 eat to fast. cut into bite size Reminder 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: No meds @ pai staff trained
Personal Cares: ☐ No ☒ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: may trip over. staff asst when needed
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal & point prompts.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Sensitive to loud noise may run away or collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: walk in hallway, ipad, break out space can be agressive to self & others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: walk with staff

Important to:
music, ipad, walks, independance

Important for:
walks redirecting - participanting

Likes:
had gloves music walks

Dislikes:
loud music, ballons, city buses elevator & escolator

Lead Review Completed: _____

Staff: Monse Hernandez

Date: 3-16-22

PAI

Service Recipient: Hope

Service Span: Jan 2022 - 2023

Outcomes:

Outcome #1: Will assist staff to make lemonade / Hot Chocolate .

Summarize Steps: Ask staff for hot chocolate, assist in making

Outcome #2: Enter ipad password by herself .

Summarize Steps: Hand over hand

Communication Style: Simple, body language, facial expressions

Learning Style: Observation, repitition, hand over hand

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

Allergies: N/A ☐ No ☐ Yes	List & Describe Supports:
Seizures: N/A ☐ No ☐ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: may eat quick, remind her to slow down
Specialized Diet: ☐ No ☒ Yes N/A	Describe Supports:
Chronic Medical Conditions: N/A ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained to administer meds may if needed.
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff assistance when needed
Community Support: ☒ No ☐ Yes	Describe Supports: Staff offer verbal, to point requires support in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Loud noises cause to run away
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Offer breakout space + ipad. Physically agressive to self and others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: up to 5 minutes

Important to: music, ipad, walks, independence

Important for: walks, prompting independence, regulation and participation

Likes: ipad, gloves, music, walks.

Dislikes: Loud music, balloons, escalators, city bus

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 3/16/22

PAI

Service Recipient: Hope Gustafson
Service Span: 1/22 - 1/23

Outcomes:

Outcome #1: assist staff make hot coco or lemonade.
Summarize Steps: - ask staff
- helps make it (* independence)

Outcome #2: enter ipad password w/ staff help.
Summarize Steps: - hand over hand

Communication Style: simple verbal phrases, expressions, body language

Learning Style: observation, repeat, hand/hand

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: cut into bite size — "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: No meds @ PAI (* staff administer if needed)
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip on obstacles, assist when needed
Community Support: ☒ No ☐ Yes	Describe Supports: offer verbal/point prompts supervision, avoid escalators, supports
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: loud noises, may run away/collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer walks, ipad, break out space physically aggressive to self/others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: ~~XXXXX~~ up to 5 minutes. staff w/ if aggitated

Important to: music, ipad, walks, independence

Important for: walks, prompting, redirection. self-reg, participation

Likes: ipad, gloves, music, walks,

Dislikes: loud music, balloons, city busses, marry-go-round

Lead Review Completed: _____

Outcomes:

Outcome #1: She will assist staff with making a cup of hot chocolate or
Summarize Steps: lemonade.
will ask staff for hot chocolate, allows her to be independent on her own.

Outcome #2: will enter ipad password with staff assistance.
Summarize Steps:

Communication Style:
Simple verbal phrases, facial expressions & body language.

Learning Style: hand over hand, observations

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: May eat too fast, cut food into bite sized, ask her 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: No meds, staff trained would give if needed
Personal Cares: ☐ No ☑ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: may trip, fall over obstacles, staff assistance needed
Community Support: ☑ No ☐ Yes	Describe Supports: staff offer verbal/prompts, support in community, hold hand walking on ice
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: may run away or collapse, sensitive to loud noises
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: offer walk in hallway, ipad, break out space, can be physically aggressive to others & staff
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: can have up to 5 min in break out room, staff walk with Hope if she is agitated

Important to: music, ipad, walk, independence.

Important for: walks, prompts, independence, regulating behaviors participation

Likes: ipad, gloves, music, taking walks,

Dislikes: loud music, balloons, escalators, city buses, merry go round.

Lead Review Completed: _____

Outcomes:

Outcome #1: Will assist staff in making cup of hot choc or lemonade
Summarize Steps: ask staff – assist to make – allow as much indep. as possible

Outcome #2: Will enter IPAD password ē staff
Summarize Steps: HoH – press #'s herself

Communication Style: Simple verbal phrases facial expression body language

Learning Style: Observation, repetition, HoH

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: May eat too quickly – remind to slow down bite sized pieces
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: none @ PAI HoH assist if needed
Personal Cares: ☐ No ☒ Yes	Describe Supports: indep
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/fall over obstacles. May slip on ice. May need assist @ times
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal + point prompts. Offer arm on ice. Afraid of escalators. Supervision/assist
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises. May run away or collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer IPAD, walk in hall, breakout space. Physically aggressive to self + others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Can have 5 min alone in breakout room. Staff walk in hall if agitated

Important to: music, IPAD, walks, indep.

Important for: walks, prompting indep, participation, self regulation

Likes: IPAD, gloves, music, walks

Dislikes: Escalators, Elevators, loud music, balloons, city buses, Merry-go-round

Lead Review Completed: _____

Staff: Daniel P.
Date: 3/16/22

PAI

Service Recipient: Hope G.
Service Span: 1/22 - 1/23

Outcomes:

Outcome #1: Assist staff in making Hot Cocoa or lemonade.
Summarize Steps: ask staff for drink and helps staff

Outcome #2: Will enter ipad password with staff assistance.
Summarize Steps: hand over hand

Communication Style: Simple verbal phrases, body language

Learning Style: hand over hand and observing

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: NA
Choking: ☒ No ☐ Yes	Describe Supports: May eat too quickly, cut into bite size pieces, reminders 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: No meds at PAI
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May fall over obstacles or ice Staff offer assistance
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal and pointed prompts. Staff offer assistance on ice
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises. May run away or collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff offer hallway and ipad. Can be physical with staff and others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Can have 5 minutes alone in breakout room

Important to:
Music, ipad, walks, independence

Important for:
Walks, prompting independence, participation

Likes:
ipad, gloves, music, taking walks

Dislikes:
loud music, balloons, escelators, city busses

Lead Review Completed: _____

Outcomes:

Outcome #1: Will assist staff in making up Hot Coca or lemonade .
Summarize Steps:
- ask staff for Coca/Hot Chocolate   Independence
- help staff in making Coca

Outcome #2: Hope will enter IPad Password with staff assistance. .
Summarize Steps:
Hope get IPad and ask for help w/ Password - Staff with
Hand over hand

Communication Style:
Simple verbal phrases, facial expressions body language

Learning Style:
Observation, repetition, hand-over-hand

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: may eat quickly bite size pieces remind 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: no meds at PAI staff trained in med admin
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip/fall over obstacles may fall on ice staff assists
Community Support: ☒ No ☐ Yes	Describe Supports: Staff offer verbal & point Staff arm in ice
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Loud noises may run away or elopes
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Walk in Hall Breakout Space IPad may be physically aggressive to self either
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: up to 5 min staff walk in hall with her if aggravated

Important to:
music IPad walk Independence

Important for:
Walk Prompting independence participation self regulation

Likes:
IPad gloves, music, walks

Dislikes:
Loud music, stairs balloon escalators merry go rounds

Lead Review Completed: _____

Staff: Nancy Snyder   **PA** *(logo)*   Service Recipient: Hope Gustason

Date: 3-16-22   Service Span: 1/22 / 1/23

Outcomes:

Outcome #1: Hope will assist staff in making cup of hot cocoa or lemonade

Summarize Steps:
- Hope asks staff for cocoa
- Hope helps staff in making cocoa

Outcome #2: Hope will enter iPad password with staff assistance.

Summarize Steps:
- Hope gets iPad and asks for help w/ password - staff will do hand-over-hand

Communication Style:
simple verbal phrases, facial expressions, body language

Learning Style:
observation, repetition, hand-over-hand

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 NA	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: Hope may eat to quickly, bite size pieces
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	Describe Supports: No med's at PAI, staff trained in medication would administer
Personal Cares: ☐ No ☑ Yes	Describe Supports: Hope is independent
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: May trip/fall due to obstacles, could fall on ice
Community Support: ☑ No ☐ Yes	Describe Supports: Staff offer verbal & point prompts "look" or "watch" Requires staff support in community - staff offer arm on ice
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: sensitive to loud noises, may run away and/or collapse "
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: staff offers walk in hallway, offer iPad & break out space physically agressive to self & others, may need 1:1 w/ staff
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: Hope can have unsupervised time to breakout room for up to 5 minutes. Staff walk in hallway with Hope when she is agitated.

Important to:
music, iPad, walks, independence

Important for:
walks (espec. when agitated) prompting independence, persistence, redirection, self-regulation, participation

Likes:
iPad, gloves, music, taking walks

Dislikes:
loud music (balloons) escalators, merry-go-rounds, city bus

Lead Review Completed: _____

Staff: Kathryn Stein

PAI

Service Recipient: Hope Gustafson

Date: 3/16/22

Service Span: 1/22 - 1/23

Outcomes:

Outcome #1: assist staff in making a cup of hot chocolate/lemonade
Summarize Steps:
- asks staff for item

Outcome #2: enter ipad password w/ staff assistance
Summarize Steps:
hand over hand

Communication Style:
Simple verbal phrases, facial expressions, body language

Learning Style:
observation, repetition, hand over hand

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NKA
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: eats quickly, bite sized pieces, remind her 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: No meds at PAI, trained staff would administer med
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip, fall over obstacles, staff assistance as needed
Community Support: ☒ No ☐ Yes	Describe Supports: staff model pedestrian and community safety verbal prompts, point prompts, offer hand on ice
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: sensitive to loud noises may run away or collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer walk in hallway, ipad, break out space physically aggressive to self and others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: can have unsupervised time up to 5 minutes, staff walk in hallway when agitated

Important to:
music, walks, independence

Important for:
walks, independence, participation

Likes:
ipad, gloves, music, walks

Dislikes:
loud music, balloons, escalators, elevators, mary-go-rounds

Lead Review Completed: _____

Outcomes:

Outcome #1: Assist staff in making cocoa or lemonade .
Summarize Steps: • Ask staff for chocolate.
• She will assist with steps

Outcome #2: Hope will put in password on IPAD. .
Summarize Steps:
• Staff will assist with hand over hand

Communication Style:
Simple short sentences, facial expression

Learning Style:
repetition, hand over hand

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: NA
Choking: ☒ No ☐ Yes	Describe Supports: Hope might eat to quickly - Reminders 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: No meds at PAI - staff would assist with meds if any
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip fall over objects - staff assistance as needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff offer arm on ice, (verbal prompts) Modeling or showing
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises, may collapse with loud noises
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff offer break out space, IPAD, can be physically aggressive to self + others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Can have unsupervised time 5 min in break out space.

Important to: staff will walk with upset
IPAD, walk, independence

Important for: walks, prompting, self regulation, participation

Likes: IPAD, gloves, music, walks

Dislikes: Loud music, balloons, escalators, city buses

Lead Review Completed: _____

Staff: Zach
Date: 3-16-22

PAI

Service Recipient: Hope Gustafson
Service Span: 8/ 1-22 → 1-23

Outcomes:

Outcome #1: Assist staff with making beverage   .
Summarize Steps:
1 Ask staff
2 helps staff
3 Help with independence

Outcome #2: Hope will enter Ipad passcode w/ Assistance.   :
Summarize Steps:
1
2

Communication Style:
Simple verbal phrases, facial expressions, body language

Learning Style:
Repetition   HOH

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: May eat quickly, bite size, go slow
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: No meds currently
Personal Cares: ☐ No ☒ Yes	Describe Supports: Hope is independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip or slip
Community Support: ☒ No ☐ Yes	Describe Supports: Staff verbal & point prompts, offer hand, Ped. Safety.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noises, May run or collapse
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff offers breaks, Ipad, Space Aggressive self & Others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Alone up to five minutes
Important to: Music Ipad walks independence	
Important for: Walks, Prompt independence, self-reg, Participation	
Likes: Ipad, gloves, music, walks,	
Dislikes: Loud music Balloons, City busses merry go rounds, escalators.	

Lead Review Completed: _____

Outcomes:

Outcome #1: assist staff making cup coco or lemonade.
Summarize Steps: ask staff, then helps staff make it, as independently as possible.

Outcome #2: enter ~~staff~~ ipad password w/ staff help.
Summarize Steps: hand over hand.

Communication Style: simple verbal phrases, body language. experssions

Learning Style:
observation, repitition, hand over hand

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: N/A
Choking: ☒ No ☐ Yes	Describe Supports: may eat quickly, remind to slow. cut food - bite size
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: No meds @ PAI - would be trained staff
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip, may fall on ice. Staff assistance when needed
Community Support: ☒ No ☐ Yes	Describe Supports: offer verbal/point prompts afraid elvators/esclators. Provide Ped safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensitive to loud noise - may collapse or run.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer walk, ipad or break space. can be physically aggressive to self and others.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: up to 5 mins. Staff walk w/ her if agitated.

Important to: music, ipad, walks, independence.

Important for: walks, prompts, redirection, self regulation. participation.

Likes: ipad, gloves, music, walks

Dislikes: loud music, balloons, city busses, merry-go-round.

Lead Review Completed: _____