

Staff: Carly B
 Date: 3.22.22



Service Recipient: Krista Y.
 Service Span: 8/21-8/22

Outcomes:

Outcome #1: 3x a week Krista will be offered hand over hand.
 Summarize Steps: assistance to clear her tray.
Staff will bring wash cloth & assist her wiping tray.

Outcome #2: Pet therapy dog 75% of trials.
 Summarize Steps: Staff will help Krista pet dog w/ hand over hand.

Communication Style:
Eye darting, grazing, head gestures

Learning Style:

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>Barbituates, phenobarb, til</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow PAI protocol.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visual cues to chew/swallow food. Bite size pieces. Encouraged to eat on own - then offered help.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May choke when drink, - Act toward color to distract.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP Epilepsy scoliosis Bruises easily depression</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will administer medications</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full staff assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can bear weight w/ Aris, help propel chair long distance.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with Krista in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visually impaired</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self physical verbal aggression, spitting out staff & peers. Self injurious behavior pinching, hitting self when upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Family (papa) magazines, being heard, good grooming.</u>
Important for:	<u>Follow diet, different communication methods,</u>
Likes:	<u>Visit from Papa, ice cream, good magazine</u>
Dislikes:	<u>Pain, being ignored, peers/staff are sad.</u>

Staff: Cindy B
 Date: 3/22/22



Service Recipient: Dirk R
 Service Span: 3/22-3/23

Outcomes:

Outcome #1: ASK Staff what, where, when questions using Comm. device at a week.
 Summarize Steps: if he does not ask questions independently staff will give a verbal reminder.

Outcome #2: Greet Peers/Staff using communication device socially.
 Summarize Steps: Staff will give verbal reminders.

Communication Style:
Communication device, facial & body gestures.

Learning Style:

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>Cefzil, Vancomycin</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>Plea side piece placed one side of chest for pressure.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>G-tube, pleasure tasting</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Gastroesophageal Reflux, Antich, specific gunk</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will administer medications.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full staff support. Hoyer lift, sm wedge placed under neck on mat table.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel chair - staff support for transfers - Hoyer</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with Dirk when in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses - near sighted.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
Drugs, family, friends, concerts, music, playing games

Important for:
Communication device, knowing his schedule,

Likes:
Playing games, visiting family, using communication device.

Dislikes:
Unexpected schedule/staff change, communication device not work,

Staff: Cindy Bruy
 Date: 3/21/22



Service Recipient: Monica B.
 Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: <u>Will choose a room to visit daily from choice board.</u>
Summarize Steps: <u>Staff will ask monica to choose a room to visit using her choice board.</u>
Outcome #2: <u>Choose instrument to play 85% of trials.</u>
Summarize Steps: <u>at outside of music therapy monica will choose an instrument to play.</u>
Communication Style: <u>non-verbal - communication board, eye point, reach for items</u>
Learning Style:

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>N/A</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>Pica</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bits size pieces built up plate, cup w/ lid, sticky mat</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, CP, TD</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>staff will administer med if needed.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Arjo - can bear weight - full staff assistance hygiene</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel chair, may disengage lap belt, can may have ^{distance} short distance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with monica when in community.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A may pick at fingers, cuticles, buy biter. ^{staff will offer} manipulators.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
Important to:	<u>Family, friends, communication board, making choices.</u>
Important for:	<u>Being active, family, time with friends</u>
Likes:	<u>visit peers, music pt therapy, community outings.</u>
Dislikes:	<u>Waiting, transitions, loud noises, bugs, people in her space.</u>

Staff: Cindy Bram
 Date: 3/2/22



Service Recipient: Dorothy C.
 Service Span: 5/21 - 5/22

Outcomes:

Outcome #1: Greet a peer using MAC switch 80% of trials.
 Summarize Steps:

Outcome #2: Choose a scented lotion to be applied 80% of trials.
 Summarize Steps:

Communication Style:
Non-verbal = facial expressions, body language, vocalization, eye gaze.

Learning Style:

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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Drop seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow PAI protocol. Reposition helmet every 2 hrs. Mat under chair. Reminder to swallow food. bite size pieces (ground) no raw vegetables unless shredded.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>See above</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>EP, Equinus, mild scoliosis, hyperthyroidism, CCL, profound MR</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>Staff will administer medications.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support for personal cares PAI staff transfer belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses wheelchair, can walk w/ assistance short distance.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will remain with Dorothy at all times.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hold items close so Dorothy can see, tactile defensive -</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>N/A</u>
Important to: <u>Socks and shoes off, moving freely on the floor, cloth hand fidget.</u>	
Important for: <u>Needs met by care givers,</u>	
Likes: <u>Sensory item, moving freely in her wheelchair.</u>	
Dislikes:	

Staff: Condy Bory
 Date: 3/21/22



Service Recipient: Jasmin H.
 Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: 2x a week will participate in group activity 8/21.
 Summarize Steps: Staff will inform Jasmin of group options and watch her face & mouth for a body language for an answer. Jasmin may point to group of choice.

Outcome #2: Choose a sensory item/activity 8/21 of time. 6 months
 Summarize Steps: Staff will give Jasmin a choice of 2 sensory items.

Communication Style:
Non verbal, facial expression, body language.

Learning Style:

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>Sulfa</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic-clonic - Follow PAZ protocol.</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal cues to slow down & chew.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will microwave food when needed. ^{Sensitive to} Corn Syrup.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism, MR, hyperthermia.</u>
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>No med at PAI but if needed staff will administer.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>PAZ</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAZ n/a</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with Jasmin in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Near sight glasses verbal cues to wear glasses.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>physical aggression</u> <u>If Jasmin becomes frustrated staff will offer a quiet area/chair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/a</u>
Important to:	<u>Family, meal time, space, observe activities</u>
Important for:	<u>Seizure protocol, breaks when upset,</u>
Likes:	<u>lunch time, observe activities, easy access to bathroom.</u>
Dislikes:	<u>Being told no</u>

Staff: Cody Bray
 Date: 3/21/22



Service Recipient: Niki P.
 Service Span: 3/21-3/22

Outcomes:

Outcome #1: 17 a month Niki will choose an object in Storey.
 Summarize Steps: to Photograph White and Community.

Outcome #2: 27 a week identify correct day of the week job.
 Summarize Steps: # Choose a room to visit 37 a week using Communication device.

Communication Style:
Non Verbal, hand gestures Communication device.

Learning Style:

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>Sulfa</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Nickel size pieces. Verbal reminders to Chew</u>	
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>High protein milk</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Severe DD Seclusion osteoporosis Hirsutism Trisomy 15 medical</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>Staff will administer medications.</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support to "freshen up", pulling up pants. will reqst to use restroom. Can be alone for 10 mins.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will take her hand/arm to help her walk.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>With PAI Staff at all times when in Community.</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>10 mins. in bathroom</u>	
Important to:	<u>Parents, Cat Bracie, Snacks, bus rides, Communication device.</u>	
Important for:	<u>Communication device, eating her meals, walking safely</u>	
Likes:	<u>Spending weekend with mom & dad. Communication device sitting in recliner.</u>	
Dislikes:	<u>Not being heard & unhelpful smiling mom & dad.</u>	

Staff: Cindy Bray
 Date: 3.21.22



Service Recipient: Henry H.
 Service Span: 11/21-11/22

Outcomes:

Outcome #1: <u>Choose a group activity 3x a week 90% trials.</u> Summarize Steps: <u>offer 2 group options verbally from staff and show him the supplies used on a picture card. Henry will vocalize a point to activity of choice.</u>
Outcome #2: <u>Choose a sensory activity w/ daily 85% trials.</u> Summarize Steps: <u>Staff will offer 2 choices. Henry will point to Grab at prefer option.</u>
Communication Style: <u>Non-verbal, hand gestures, vocalization, facial expression</u>
Learning Style:

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>Lactose intolerant</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy Follow PA2 protocol with PRN medications.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO diet not followed can lead to choking.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO diet - G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Asthma, CP, Epilepsy, G-tube, Esophageal Dysmotility</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>Staff administered all medications taken thru G-tube - Levetiracetam seizure PRN - buccally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 Staff - Argo - stand & bear weight</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, mat table side rails raised if staff not by table.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PA2 Staff at all times.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Socialize w/ peers & staff, make choices, color, relax in recliner</u>	
Important for: <u>Support from staff & caregivers, medical orders followed</u>	
Likes: <u>Coloring, listening to music, socialize, family</u>	
Dislikes: <u>Not spending time with family & friends,</u>	

Staff: Carly Bry
 Date: 3.21.22



Service Recipient: Jordan H.
 Service Span: 10/21 - 11/22

Outcomes:

Outcome #1: Choose a room to visit 1x a week.
 Summarize Steps: Staff will ask Jordan to press Mack switch to find a peer.

Outcome #2: Daily Jordan will press Mack switch to listen to music.
 Summarize Steps:

Communication Style:
Non Verbal, eye gazing, facial expression, body language, vocal.

Learning Style:

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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow PAI Protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>G-tube - water given 30 mins before meal time.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cornelia De Lange G-tube seizures DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Femur fracture Bled Kyphosis osteopenia</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will administer medications</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hoyer lift - full staff support for care - brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, cannot support self.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with Jordan at all times.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>I-pad + quiet space when overstimulated. Glasses - will remove before boarding bus.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If in pain will chew on hand. Staff will offer- manipulate</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family & religion ed being involved.</u>
Important for:	<u>Dietary protocol, seizure protocol,</u>
Likes:	<u>Time with family, low gastrointestinal pain, see out a window.</u>
Dislikes:	<u>Stomach pain, limited time with family, overstimulation.</u>

Staff: Cindy Boy
 Date: 3.21.22



Service Recipient: Andy S
 Service Span: 6/21 - 6/22

Outcomes:

Outcome #1: <u>4/4 a week will choose Sensory Activity 80% trials.</u>
Summarize Steps: <u>Staff will show Andy different activities to choose from.</u>
Outcome #2: <u>Obtain peers using Mac switch 80% trials.</u>
Summarize Steps: <u>Staff will present Mac switch to Andy w/ pre-recorded printing and ask Andy to get peer.</u>
Communication Style: <u>Non-Verbal - pointing, vocalization</u>
Learning Style:

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>N/A</u>
Seizures: <input checked="" 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>Difficulty Swallowing food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Port size pieces, full assistance using fork/spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP GERD</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No medication at PAI but staff will administer if needed</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance changing brief, verbal prompt to use restroom.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Whistle cue @ how they zone walk. Can walk up to 10 mins independently w/ staff nearby.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will be with Andy when in community.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: manipulatives.
Picture books, iPad/computer, real staff reading books, mirrors

Important for:
Support from staff and caregivers. nutritional & well informed meals.

Likes:
participating in activities, looking at picture books, reflection, wheels

Dislikes:
not participating in group activity or choices at favored activities