

STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: Deb St. Martin

Date of hire: 1.10.2016

Date of background study submission:

Date of background study clearance:

Ongoing annual training period:

Date of first supervised contact:

Date of first unsupervised contact:

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Initials of person(s) served:

TH, PM, SL, DM, MJH, RJ, DS, TR, KS, SF, TC

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
CPR, if required by the CSSP or CSSP Addendum	2.4.2022	CLASS	5.5	HEALTH COUNSELLING
CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	1.19.2022	COMP QUIZ	4.0 5.5	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	1.19.2022	COMP QUIZ	4.0 5.5	N/A
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	3.11.2022	Demonstrated	.5	Toni Anderson, RN

The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	1.19.2022	COMP align	4.0 5.5	N/A
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

D. St. Martin
 Staff signature

3/28/2022
 Date

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

HEARTSAVER

Heartsaver® First Aid CPR AED



American
Heart
Association.

Dob St. Martin

has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Heartsaver First Aid CPR AED Program.

Optional modules completed:

Heartsaver Total, Child CPR AED, Infant CPR

Issue Date

2/4/2022

Training Center Name

Health Counselling Services

Training Center ID

KAN20153

Training Center City, State

Bloomington, MN

**Training Center Phone
Number**

612-345-8522

Renew By

02/2024

Instructor Name

Engelne Evers

Instructor ID

02112291703

eCard Code

226012420310

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
© 2021 American Heart Association. All rights reserved. 20-2622 1/21

Staff: Deb & Martin
 Date: 1/19/2022



Service Recipient: Tyrel Horning
 Service Span: 10/2021 - 10/2022

Outcomes:

- Outcome #1:** Daily answer yes or no using adaptive signs when asked to visit in another room
 Summarize Steps: opportunity to develop stronger relationships w/ caregivers ^{95% of times - 12 mos norm}
 but allowing them to meet his needs while continuing to strengthen communication & self-advocacy
- Outcome #2:** 3x weekly Tyrel will plan group experiences by indicating yes or no using adaptive signs - ^{82% of times - 12 mos}
 Summarize Steps: enjoys observing & sometimes participating in group activities - requires support to explore new areas of interest. strengthen yes/no response & advocate for self.
- Communication Style:** Vocalizations & gestures - will point to reinforce wants. understands short verbal directives & yes/no adaptive signs.
- Learning Style:** Routine + repetition - physical/verbal cues in upbeat positive tone/manner. Does not appreciate authoritarian or scolding tone.

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>Augmentin, morphine, latex</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder - physician ordered protocol w/ PRN. Partially controlled tonic clonic / grand mal - 30 sec or more of laughing or smiling & arms splayed</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO - physician ordered - nothing by mouth to prevent choking</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered through g/j tube only</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Dandy Walker Syndrome - Constipation - DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Hip flexor spasms - Hydrocephalus w/ shunt - moderate intellectual disability -</u> <u>muscular atrophy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>medication through g/j tube - cannot self-administer - staff prepares per prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief - is not able to complete his personal cares - may become embarrassed w/ a BM - cares to be completed as quickly as possible -</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>High risk for falling & impacts his ability to safely mobile in his own - wheelchair - Hoyer lift -</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI transportation staff supervision & support</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Lacks a formal communication - self injurious behaviors - Biting, wrist or banging head - Physical aggression / conduct - verbal/emotional aggression</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	<u>Allowed to express preferences & communication through - time to relax/nap, people watch, interact w/ preferred staff/person, books/movies when wanted.</u>
Important for:	<u>provided w/ options + encouraged to use his communication - supported staying awake + time to relax/nap</u>
Likes:	<u>looking through books with pictures, cartoons - riding elevators @ mall, bonding, action movies, funny videos, flipping light switches on/off - hugs</u>
Dislikes:	<u>Does not like to wait, does not like others in his personal space, does not like picture taken, Does not like center of attention,</u>

Staff: Deb St Martin
 Date: 1/19/2022



Service Recipient: Rick Mitchell
 Service Span: March 2021 - March 2022

Outcomes:

Outcome #1: Will make Group Choices, given a verbal description of group 80% of opportunities
Summarize Steps: Advocate for preferences so he can participate in activities that interest him. Staff w/ Richard know time to pick group activity. Give description of activity then show pictures on iPad. Then asked which activity would you like to participate in.
Outcome #2: Will communicate his wants & needs appropriately when prompted 70% of opportunities
Summarize Steps: Rick often screams, flails his arms or kicks when upset. Goal to develop communication to eliminate behaviors. When upset offer preferred activity - offer picture or object Rick will make a choice.
Communication Style: Signs yes, shakes head NO - moves away from things that are aversive - moves toward things he finds desirable - indicates pleasure by smiling, extreme displeasure screaming
Learning Style: Simple verbal cues + one step directions. Visual cues such as pictures and audio cues (timers) Through routine + cause + effect.

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: latex glove sensitivity - kiwi fruit - Keperca
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizures as preteens - neurological activity present presents as brief absence seizures. History puts at increased risk for tonic clonic seizures.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not use teeth effectively while chewing and has a repaired cleft palate. His way of processing food puts him at danger of choking risk.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Purred diet with thickened liquids - sets up reg chair to table for meals consistent routine - full assistance to eat & drink. Provided beverage first - may take up to 2 (3min) breaks
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Autism - repaired cleft palate - Constipation DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Nystagmus, optic nerve atrophy, scoliosis with spinal fusion - spasitic quadriplegia Skin integrity - hands + coccyx
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRNs from residential provider per prescribers order - staff to administer for him.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full support to complete personal cares - wears briefs due to incontinence - If Rick acts unsafe in wheelchair (falling etc) staff will take him to step
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes wheelchair for mobility - can propel himself short distances - requires staff long distance - gait trainer to maintain strength
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI transportation - staff supervision + physical support -
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactilely defensive on feet, face, underarms - vestibular system - not liking feet on body off ground - legally blind
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self injurious behaviors - flail arms, legs, physical aggression + conduct - try to grab or bump peers - Verbal emotional aggression - high pitched verbalizations when upset
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: Has personal space, time to transitions, preferred manipulatives, freedom to move around on own - floor time - preferred foods + beverages -

Important for: Communicate in safe manner, bear weight + continue walking, balance desire for routine w/ engaging in activities - communicate needs + wants in safe way -

Likes: Swimming
 Handheld massages, keyboards, bowling, getting food out in community, yogurt, fruit,

Dislikes:
 Unexpected changes to routine, can become overwhelmed during lunch when eating/drinking -
 Does not like getting cleaned up

Staff: Deb St. Martin
 Date: 1/19/2022



Susan
 Service Recipient: Kozmierczak
 Service Span: July 2021 - July 2022

Outcomes:

<p>Outcome #1: <u>One daily use picture cards to choose a peer to greet while walking in her gait trainer or wheelchair 85% of all opportunities over next 6 months.</u> Summarize Steps: <u>Susie is very social & gets very excited when encouraged to say "hi" to friends. allows choice of who to visit. Present 2 to 3 picture cards of friends. asked to name each, then asked who would you like to visit?</u></p>
<p>Outcome #2: <u>Place shirt protector on laundry basket after lunch 85% of all opportunities next 6 months</u> Summarize Steps: <u>To maintain independence skills. She shows sense of accomplishment when she completes things independently. Staff to prompt to put shirt-protector in laundry. Susie will independently put on laundry basket.</u></p>
<p>Communication Style: <u>Verbally, with facial expressions, body language. Very social & enjoys communicating w/ preferred staff. Communicates regularly if she's feeling well.</u></p>
<p>Learning Style: <u>Repetition, Physical & Verbal prompts</u></p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Allergy to amoxicillin -</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Epilepsy - break through seizures - may experience increased activity if ill, overheated, her menses or dehydration. Present as Grand Mal or generalized tonic-clonic. 15 sec to 1.5 min. PAI medication on her back pack.</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized diet which she can eat mostly independently. Cup with handles & straw. Scoop plate - built up handled utensils & anti-slip mat -</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>May require assistance with foods eaten from spoon. If Susie wants help, hand her hand</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>GERD - Urine Retention or bladder spasms, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>Urinary tract infections leading to sepsis - Central Palsy - Gallstones - Displaced shoulder</u></p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Staff sets up per prescribers orders. Trained staff offer on spoon w/ full assistance. Once medication swallowed w/ food offer beverage.</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Receives full support to complete personal cares. Sits on toilet & provided time - may use Diets if experiencing incontinence.</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Can bear weight & assist with transfers w/ staff support. Electric wheelchair - Primarily independently - 2 staff needed for gait trainer</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>PAI transportation & staff provides full supervision & physical support.</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Vision impairment - does not tolerate glasses - may sometimes like sunglasses though.</u></p>
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports:</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: <u>Family, socializing with others, participating in activities, walking in gait-trainer, swimming, visiting grand parents -</u></p>	
<p>Important for: <u>stay healthy & well, & to communicate her needs & wants -</u></p>	
<p>Likes: <u>walking, swimming, Cheese burgers, going on trips with family, her family, coloring, x-box & puzzles, trying new things, signing & dancing.</u></p>	
<p>Dislikes: <u>loud noises, hungry, ill, tired, in pain, having seizure activity, or if she feels misunderstood or not included.</u></p>	

Staff: Deb St Martin
 Date: 1/19/2020



Service Recipient: Donis Wolf
 Service Span: 12/2001 - 12/2020

Outcomes:

Outcome #1: <u>Use his voice to communicate with staff 70% over 12 mos</u> Summarize Steps: <u>Started using voice more while @ pai. Continue building on this skill. Prompt w/ question throughout day. If he uses voice thank him + continue conversation.</u>
Outcome #2: <u>Daily Choose 2 staff members / amon peers to visit 90% over 12 mos.</u> Summarize Steps: <u>enjoys spending time w/ peers + staff. Important to see friends in different rooms.</u>
Communication Style: <u>Verbally - Reaches for things he likes - moves toward things he likes - laughs + engages when he takes something</u>
Learning Style: <u>Repetition, routine - verbal + physical 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>Vancomycin - Red man syndrome rash involves face, neck, upper torso</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder - last seizure July 2018. Absence Seizures - Tonic Seizures 20 sec to 4 min - VNS - may be triggered by loud noise in the</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>M" Sound - PRN Ditalize Pain</u> <u>N/A</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reg colonie diet - eats independently once food set up - requires support in bite sized pieces - food sent from home</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>DNR/DNI:</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>To be set up per prescribers orders - offer medication on spoon w/ full annotation - Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>utilizes 2 briets - assisted to restroom + stored while holding bag.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Due to seizure disorder + limited weight bearing - @ risk for falling + needs mobility support - wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pai transportation - full supervision + physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defense on head - staff limit head touches</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - may hit himself on head, verbally ask to stop, provide picture board to communicate need - physical aggression / cerebral</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

- iPad for reduce stim
 - Timmers / self stimulator
 - self stimulator

Important to: Singing, music, watching preferred videos, games on iPad, coloring, drawing, arts + crafts, time to socialize w/ preferred people, time in community, food, beverage

Important for: Communicate his needs + wants in a safe + appropriate way. Participating in activities w/ peers.

Likes: socializing w/ friends, going out to eat, shopping, Barney, Blues Clues, Sesame Street, Camp Friends, inner tube

Dislikes: stay away from places where he is not engaged + people do not interact w/ him avoid hearing "no" sounds upset by throwing things / pushing things, facial expressions, saying "stop" leaving area

Staff: Deb St Martin
 Date: 1/19/2022



Service Recipient: Mary Jo Huberty
 Service Span: Aug 2021 - Aug 2022

Outcomes:

<p>Outcome #1: Will choose a sensory activity to participate in during sensory time 75% of ^{all} time Summarize Steps: opportunities over next 6 months. Important to and for Mary Jo: approach in upbeat tone - give options of sensory activities - allow time to process & make a choice. - Strengthening communication skills.</p>
<p>Outcome #2: Daily use gait trainer: 75% of all opportunities over next 6 months. Summarize Steps: anxious Special Olympics. approach in upbeat tone and ask if she wants to use her gait trainer. If no, wishes are to be respected & ask again later.</p>
<p>Communication Style: Vocalizations, eye pointing & gestures, understands short verbal questions or directives paired w/ physical cues.</p>
<p>Learning Style: Routine & repetition - verbal + physical cues in upbeat tone of voice.</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Sensitivity to second & third hand smoke. cannot be around staff for 30 min. Latex band aids -</p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Does not have teeth & may pocket food in cheeks - food send from Absidence prepared to Dr's orders.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Pureed food w/ honey thickened liquid - small mothercare spoon - sectioned plate & deep cup - assisted from right side hand not held for 10-15 min.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: history of stroke - anemia, GERD, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Constipation, Bowel obstruction - ventral hernia - ear infections</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: PAI staff set up per prescribers orders, staff dispense to Mary Jo - provided in apple sauce or pudding,</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Needs assistance w/ repositioning, using restroom - completing personal cares, every 2 hrs & as needed</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Scoliosis + full spinal fusion - Can bear weight + stand with assistance, staff to use transfer belt + pivot. Risk for falling when she doesn't want to be in a chair.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: PAI transportation & staff provide physical support + supervision.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Due to stroke does not have useful vision in her right eye + is legally blind - approach from left side - staff provide verbal cues.</p>
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports:</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: Repositioned frequently to remain comfortable. Relationships in general with family + friends. Appreciates listening to people talk & being in the presence of other people. Being outside when weather is nice. ^{Swing in the garden}</p>	
<p>Important for: Repositioned frequently to remain comfortable. Needs to be active + walking daily. Change immediately when soiled. Vocalizes when she needs bathroom. Often behaving throughout day.</p>	
<p>Likes: Being called Princess, Jalo + mt. Disney movies + movie themed music. Giving hugs. Music, Ballets Square, Bowling, Target, Special Olympics, Sweets, ice cream, Pie, Mashed Potatoes, yogurt, Olden Country, Backus Folk</p>	
<p>Dislikes: Outings in large groups, sitting in some manner for extended time - people getting too close when she is upset, food of varying consistency, Tuna, Peanut Butter.</p>	

Staff: Deb St Martin
 Date: 1/19/2022



Service Recipient: Kay Leske
 Service Span: 8/2021 - 8/2022

Outcomes:

<p>Outcome #1: <u>Maintain appropriate boundaries with 2 or fewer prompts 80% of all opportunities</u> Summarize Steps: <u>Kay enjoys visiting, going + being social. May not always respect others boundaries. Staff reminds Kay verbally that she needs to ask first. If Kay continues she will be reminded of repercussions.</u></p>
<p>Outcome #2: <u>Participate in her chosen activity in 2 or fewer prompts 90% or more of all opportunities</u> Summarize Steps: <u>Kay often enthusiastic when signing up but can lack motivation to follow through on her commitments.</u></p>
<p>Communication Style: <u>Fluent English + likes conversations. May be hard to understand @ times. If not wearing her hearing aids she may not understand what she is agreeing to.</u></p>
<p>Learning Style: <u>Repetition + repetition, Verbal cues. Yes/no questions.</u></p>

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

<p>Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports:
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports:
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>Can cut her own food to appropriate size but @ times eats too quickly putting @ risk for choking. Verbal reminders to eat slowly + chew thoroughly.</u>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>No but has Type 2 diabetes. Carbohydrate consistent diet. Requires support in maintaining her diet + healthy choices.</u>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: <u>Edema in legs (refuses TED stockings) DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes → not marked <u>encouraged to put feet up on recliner - Intellectual disability - Type 2 diabetes</u></u>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>Takes whole with a beverage - Kay can prepare her class of water - Can identify meds + why taking them but unable to self-administer</u>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>Disposable brief - Can communicate + use toilet independently but may be hesitant to have a preferred activity - Prompt every 2hrs to use restroom</u>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>High risk for falling due to chronic medical conditions - History of falls w/ multiple fractures + ambulate w/ support of walker but may trip over her own feet - Glasses prompt</u>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: <u>No alone time in community - is able to seek assistance from others. PAI transportation + staff responsible for supervision + verbal/physical support.</u>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: <u>Bilateral hearing loss - Has 2 hearing aids but prefer to wear only the right ear - Visual impairment - Far sighted functional vision w/ glasses but may need prompts to wear</u>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: <u>Physical aggression/conduct - verbally checked to stop, physically assisted away, discuss feelings + alternatives - apologize if needed. Verbal/emotional aggression - verbal "Be nice" letter her know you are calling her brother isn't effective.</u>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports:
<p>Important to: <u>Family - especially her brothers, time to socialize + joke, have her own quiet space, look @ magazines, 1:1 conversations</u></p>	
<p>Important for: <u>Maintain boundaries w/ peers + staff and to ask prior to touching someone - ask "How are you feeling" vs "Are you feeling sad?"</u></p>	
<p>Likes: <u>Joke around w/ staff go for walks, gardening, taking care of plants @ PAI, stay active + go for bike rides @ home</u></p>	
<p>Dislikes: <u>Being rushed</u></p>	

Staff: Deb St. Martin
 Date: 1/19/2022



Service Recipient: Destiny Smith
 Service Span: Aug 2021 - Aug 2022

Outcomes:

Outcome #1: <u>Daily Destiny will independently clean up her area after lunch 80% of time.</u> Summarize Steps: <u>Destiny is organized + likes to keep things clean. Staff to prompt Destiny to clean up. Staff will put a rag down + prompt by gesture or signing.</u>
Outcome #2: <u>Destiny will put her blanket away 80% of time.</u> Summarize Steps: <u>Important to Destiny to have opportunities to be independent in living skills. Destiny is organized + likes to keep things tidy. Staff to gesture + point to put blanket in hamper.</u>
Communication Style: <u>Communicates routinely nonverbally using eye cards, body language, + gestures such as pointing, clapping or a thumbs up. Knows some ASL.</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>Potential life threatening allergy to bee stings. Monitor to keep bee free. DRN - Benedryl - Severe allergy to Iodine + contrast dye.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Anti-cyan ordered puree diet. Meals + snacks sent home. Typical chew. Put spoon + clothing protector + bowl on deep plate. Plastic cup with lid + straw + conical to drink through front day.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Same as above</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Aortic valve disorder, intellectual disability, PNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Osteoporosis (unwarranted risk of fracture) S. coliosis - Trisomy 9 - (Failure to gain weight, microcephaly (small head size) high arched roof of mouth, eye anomalies (vision problems))</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff administered</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can independently use toilet but needs assistance after a BM + when she has her menses. Likes public restrooms + wants to go on. Encourage Destiny to sign "bathroom"</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chronic medical conditions + vision impact ability to safely mobile on her own. May need wheelchair if hot temp or long distance.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Utilizes PAI transportation. Staff provide supervision + physical support.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Auditory impairment. Significant hearing loss due to chronic medical conditions - does not like hearing aids. Visual impairment functional vision w/ glasses. Staff assist to transition tasks.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: Have opportunities to be helpful + do tasks for herself + her peers independently. access to her picture books of family or pamphlets to hold, games, matching or sorting tools, Community

Important for: to use her communication skills (signs, pictures + gestures) to advocate her needs + preferences. + support in social experiences

Likes: Playing games on a touch screen computer + smart board - card games, sorting, matching - enjoys being social + sitting next to people watching - yard games - 'girly' activities, Picture books, pamphlets

Dislikes: Does not like to be told no + may become frustrated if her books or pamphlets are taken away. or when her communication is not understood or when it is not appropriate for her to help w/ a task. Limited interest in TV, movies + music + does not like large group games. Does not like dogs.

Staff: Deb St Martin
 Date: 1/19/2022



Service Recipient: Tish Rogowski
 Service Span: 3/2021 - 3/2022

Outcomes:

<p>Outcome #1: <u>Tish will indicate she needs the restroom (cares room) by signing "restroom".</u> Summarize Steps: <u>80% of all opportunities.</u> <u>Tish wants to learn ASL. Staff will show ASL sign for restroom. If Tish verbally asks she will be reminded of the sign.</u></p>
<p>Outcome #2: <u>Tish will help plan an activity for the following 80% of all opportunities.</u> Summarize Steps: <u>Tish shows initial excitement about an activity but doesn't always want to participate. This will allow Tish to be more involved. Staff will present Tish with some options + will work together to create a lesson plan for the following week.</u></p>
<p>Communication Style: <u>Verbally + with facial expressions + body language. May need time to process + verbalize thoughts + ideas.</u></p>
<p>Learning Style:</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>May develop welts + may fever when bitten by a mosquito - Seasonal allergies. Any concerns report to group home.</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Does not have seizures but has seizure like episodes. Most often seen when Tish uncomfortable with a transfer. Helpful to tell Tish it is a behavior.</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>at risk when eating. Requires bite sized diet. Poor hand to mouth but can feed herself independently. Choking is most often seen w/ liquids. Thick is used.</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized diet - Thick in liquids. Cup w/ straw; typical utensils, divided plate w/ edges.</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Anxiety - Cerebral palsy - neurogenic bladder - has catheter, PAI staff trained to empty.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>none @ this time</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Catheter - has needs to be emptied @ PAI. Tish can let staff know when she needs to BM. If voids on toilet, pivot transfer w/ a staff + page w/ belt.</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Can bear weight + assist w/ transfers - primarily in wheelchair. Tish is very tall.</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>uses PAI transportation - Staff provides supervision + physical support.</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Usual impairment which requires eye glasses.</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Tish has history of false reporting. Staff is mandated reports. Staff to report all suspected or known maltreatment per policy.</u></p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: <u>socialize w/ staff, friends + family - Music + art</u></p>	
<p>Important for: <u>time to respond + how staff be patient w/ her. Prompts shortly before task. Staff honor + know her communication.</u></p>	
<p>Likes: <u>Music + going for walks - love food, singing or "rocking" out to Karaoke. Fungey painting, paint fingers - getting out in community - eat, bowling, dances. Hugs.</u></p>	
<p>Dislikes: <u>Being bored, someone to close to her face.</u></p>	

Staff: Deb St. Martin
 Date: 1/18/2022



Service Recipient: Sara Felling
 Service Span: 11/2021 - 11/2022

Outcomes:

<p>Outcome #1: <u>Sara will choose another programming room to visit 80% until next review.</u> Summarize Steps: <u>Important to have opportunities to interact w/ those around her when she wants to. Important to set up + make & advocate her preferences.</u></p>
<p>Outcome #2: <u>Sara will chibly use switches during lunchtime to communicate 80% opportunity.</u> Summarize Steps: <u>Strengthen communication skills + advocate for self.</u></p>
<p>Communication Style: <u>Vocalizations, switches, eye pointing, going toward/reaching for or pushing away</u></p>
<p>Learning Style:</p>

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

<p>Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: _____</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Generalized Tonic-Clonic + Tonic Seizures - Physician ordered seizure protocol. Drop seizures - VNS magnet.</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Bite sized food - pocketing food in cheeks.</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Yes physician ordered for bite sized foods. Sports bottle to drink from. Pocketing food in cheeks.</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Congenital lack of Myelin - microcephaly - head smaller than normal -</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Pelbactol, Boost, often on spoon w/ full assistance</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Full support during cares</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Risk for falls - wears helmet - transfer belt - ambulates independently</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Ride transportation - staff provide full supervision.</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Near sighted, Astigmatism, Poor depth perception</u></p>
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports:</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>

Important to: Her family, hugs, comfy place to rest, preferred foods + beverages, hair brushed, familiar staff, going on walks.

Important for: Eating, drinking, brushing teeth, taking meds

Likes: Hugs, ranch dressing, sandwiches, music, sensory, 1:1 w/ preferred staff, kind staff

Dislikes: May become frustrated when she must wait, sometimes dislikes her medication, Dislikes being ill + experientary seizure activity. Dislikes brushing her teeth.

Staff: Deb St. Martin

Date: 1/18/2022



Service Recipient: Katie Sauter

Service Span: 10/2021 - 10/2022

Outcomes:

Outcome #1: <u>Daily Katie will use iPad to answer yes/no 80%</u>
Summarize Steps: <u>strengthen communication skills - present Katie w/ yes/no questions.</u>
Outcome #2: <u>Daily Katie will choose staff to go on walk w/ 80%</u>
Summarize Steps: <u>allows Katie to enjoy 1:1 time w/ someone she appreciates - pic cards to choose</u>
Communication Style: <u>physical + verbal prompts - communicates by facial expressions (smiling, grimacing) body language, vocalizations + some gestures - possibly iPad choice board app</u>
Learning Style: <u>through routine + repetition</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>Seasonal allergies - Sensitivity to morphine -</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder - PRN med - Tonic/Clonic seizures (loses consciousness) shiver like jolts in upper body -</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered diet - bite sized / quarter sized pieces - increased choke risk when eating because she likes to dance -</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered diet - meals + snacks from residence - sipper cup - left handed - mac switch on left side to indicate when finished can eat + drink independently</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autistic characteristics - Cerebral palsy - DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Constipation - Dysmenorrhea - Crying, facial grimace - thrash hitting herself - Hyponatremia - Hip dysplasia (right) Poly myalgia Rheumatica (PMR) -</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Orally as tolerated on soft foods + may require crushed via g-tube.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs full support - bears weight during transfers - one person pivot -</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cannot safely mobile on her own - wheel chair - unable to propel on own - one person pivot</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI transportation - staff provide full support in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>a buzzing sound or biting her hand may mean she is overwhelmed, frustrated, bored + hitting herself on face - agitated or upset - hit cheek/chin/cry</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to: To be cozy, comfortable + looking cute. Good music to listen to, hot cocoa or choc drink, beads to spin, 1:1 from fav people.

Important for: Drink her fluids, keep hands out of her mouth + use her communication skills when upset.

Likes: R+B - Broadway, musicals - Bay Band, Britney Spears, Beyonce - shopping, being cozy, spinner beads listen to music + dance - m+ms, chocolate.

Dislikes: Big crowds, no music on near her, does not like being chilly, too much time in wheelchair, teeth or hair brushed.

Medical: Scoliosis - Severe intellectual disability - Thrombocytopenia - take care when giving her

Chronic Medical conditions cont...
Scoliosis at Harrington rods - sideways curvature of spine - not implanted along spinal column. Support evenly when rolling & hips should roll at the same time.
Dysphagia - difficulty swallowing foods or liquids. Fully supported at eating + monitor any swallow issues.
Constipation - may cause abdominal pain or discomfort. Support in restroom every hour as needed.
Urinal/Bowel retention - may hold her bladder + bowel functions especially if in situations w/ unfamiliar people. ~~could~~ cause discomfort + health complications. Introduce to new staff and allow time for her to get to know them before supporting in personal care.

Behavior Support cont...
Tami may be asked what is causing her distress. Redirect w/ preferred activity or provide personal space.
Depression + anxiety - may show as loud vocalizations, check for unmet needs + ask what is causing distress. Takes Celebra @ home - cannot take generic causes some side effects.

Staff: Deb & Martin
 Date: 2/9/2002



Service Recipient: Kim Varness
 Service Span: Sept 2001 - Sept 2002

Outcomes:

- Outcome #1:** Daily hand drunk to staff when done 70% of all opportunities over
 Summarize Steps: Developing independence skills - verbally ask her to give drunk comments, when done. Stay on chairs - back to be prepared to take when done.
- Outcome #2:** Take off shirt protector after lunch 80% of all opportunities over 6 months.
 Summarize Steps: Developing independence skills.
- Communication Style:** non verbal, facial expressions, vocalizing + waving. Adaptive signs for eat, mine, drink + yes but not used consistently. Touching people or things she wants + pushing away what she doesn't want.
- Learning Style:** enjoys completely - tasks for herself. Routine + repetition. Best supported with verbal prompts - staff modeling.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sulfameds (rash, respiratory distress, anaphylactic shock) seasonal allergies, sensitive to bug spray + sunscreens,</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, has not had a seizure since 1998. Has have seizure PRN - 911 to be called per her guardian.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered diet to prevent choking - Does not chew her food thoroughly if may eat too quickly. may try to sample peers food - further choking risk.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dine 5 x 200 pieces per physician - chair w/ arm supports at a personal table adjacent to gear, scoop dish + sippy cup or sponged cup. mainly eats w/ hands but will allow staff support.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy - cervical spine spondylosis, chronic constipation, dysmenorrhea, severe intellectual disability - neuromuscular scoliosis, spinal cord stenosis -</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>let staff force + encourage to take a drink after, not able to self administer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>deposable briefs, needs full support for cares + may be resistant - use first/then cues</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prone to bruising - gait belt - high risk for falling due to her medical conditions - often wheelchair during times of unsteadiness</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provides full supervision + support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment - hard to see further than 2 feet - Overstimulation loud, busy environments</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injurious behaviors - Trichotillomania (hair pulling) may also try to pull skin, fibers, pills, neckties, clothes, blankets, rubbing face against zipper, clasps,</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>straps + actions</u> <u>none</u>
Important to: <u>Meaningful daily interactions + supported in socializing, access to oral manipulative, frequent sensory opportunities,</u>	
Important for: <u>Walk daily with good posture, using communication skills to advocate her preferences, washing hands</u>	
Likes: <u>be called Kim or Kimmy. sensory activities, going out to eat, riding w/ windows down in van, looking in mirrors, simple musical instruments, social lady, being around others, dancing, music</u>	
Dislikes: <u>Does not like to be rushed causes frustration - likes to do things @ her own pace - becoming more - Do not call Kimberly (feels scolded) being bored, when frustrated may sit down suddenly + sit down + refuse to move. washing hair + brushing teeth.</u>	

physical aggression
 stay neutral

