



# In-Service Training Log – Linden

Date: 3-29-2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.00	Maurita Ashleigh			Competency reviews for CW and MS
.75	Emily E, Maddy K. and Ashleigh S.			Semi annual reviews for KV, AM, and JB

Make up Date	Initial	EE ID	Last Name
	BA		Allport, Betsy
	CAJ		Anderson-Jones, Celeste
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
			Cox, Alice
			Gagner, Megan
	AH		Hampton, Tony
			<del>Her, Bae</del>
	MH		Hetchler, Maria
	NG		Johnson, Natalie

Make up Date	Initial	EE ID	Last Name
	FK		Kalu, Festus
	MD		Larson, Nancy
	DL		Lepley, Deanne
	SM		Mafi, Sommer
	KM		Mason, Kanya
	KM		McKnight, Kyla
	CR		Rice, Colette
	ES		Sandstrom, Erin
	JS		Stacken, Laura
	JT		Trimble, Jenny

Make Up Date	Initial	EE ID	Admin Staff
	HL		Hiland, Lindsay
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
		AS	Shirley, Ashleigh

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Staff: Celeste Ancluson Jones



Service Recipient: Christina Wagner

Date: 4.5.22

Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: Christina will identify how she's feeling using emotion's on iPad. Summarize Steps: Staff will present 3-4 options on iPad, time to make her choice
Outcome #2: Christina will chose an outing to go on. Summarize Steps: Staff will present 3-4 options using picture cards, describe outings, time to make choice
Communication Style: vocalizations, body language, facial expressions, eye contact, crying reaching for her communication partner's hand
Learning Style: routine, repetition, modeling, verbal and physical prompts

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: seasonal allergies offer her a tissue to wipe nose
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sits in w/c, 4oz cup, small teaspoon divided plate
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: GERD, CP Spasticity, Hypertension 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: medication in soft-foam, followed by a sip of water
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs support w/ menstrual covers, 1 person transfer using mechanical lift, 2-point cross leg sling, Brief changes
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: w/c tray, safety belts, can self propel under 10 feet, staff assist for longer distances
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff provide supervision, physical support practice safety, and observe surroundings 911 for emergency
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hearing loss speak loudly 3-4 feet in front of her, slight touch of hand or make eye contact
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB hitting self pulling hair, validate feelings redirect, physical aggression, adults assist to safety safe location praise when calm
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time

Important to: routine, having her nails painted, snack, lunch

Important for: use her communication skills when upset or anxious, taking her meds as scheduled, self propelling her w/c

Likes: having nails painted, hair done, eating, snacks, painting, listening to music playing games, coloring, sensory activities, Music Therapy, bowling, shopping

Dislikes: Having to wait, changing in a loud room, changes in routine, working with new or unfamiliar staff, loud peers, peers in her personal space bumping into her w/c

Lead Review Completed:

Maria Queeny

Staff: Betsy  
 Date: 3/29/2022



Service Recipient: Christina W  
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: <u>Daily, identify how she's feeling using emotions on iPad</u> Summarize Steps: <u>Present + review 3-4 opts on iPad, time to make choice</u>
Outcome #2: <u>Monthly, choose outing</u> Summarize Steps: <u>Present 3-4 opts, describe, time to make choice</u>
Communication Style: <u>Not vocalizations, body language, facial exp. eye contact, crying</u>
Learning Style: <u>Routine + repetition, modeling, verbal + physical prompts</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 offer tissue, concerns report to home</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped to prevent choking, monitor meals cues to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair for cop, small teaspoon divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quadriplegic Cerebral Palsy, Spasticity, Hypertension</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>Meds in soft food followed by sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 1 staff mechanical lift 2-pt cross sling. concerns communicated to home</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, can propel short distances staff for longer distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineural hearing loss - 3 to 4 ft while speaking loudly. light touch + eye contact prior to speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injurious hitting face pulling own hair Physical aggression - loud vocalizations - hit grab throw around hair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE AT ALL</u>

Important to: Routine, nails painted, snack + lunch on time

Important for: Communication skills, meds, propel her wheelchair independently

Likes: Nails painted, hair done, eating, snacks, painting, music games, coloring, sensory activities, music therapy, shopping

Dislikes: Having to wait, loud vocalizations, changes, new/unfamiliar staff, peers in personal space

Lead Review Completed: Maura Sweeney

Staff: Kia L. Bauch



Service Recipient: Christina Wagner

Date: 3/29/22

Service Span: March 22'-23'

Outcomes:

Outcome #1: <u>Identify how she is feeling</u> Summarize Steps: <u>present options, let her make choice</u>
Outcome #2: <u>choose an outing</u> Summarize Steps: <u>present options, let her make choice</u>
Communication Style: <u>vocalizations, body language, crying,</u>
Learning Style: <u>routine + repetition, modeling, verbal + physical prompts</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</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A no seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped, visually monitored, verbal cues to eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair, 4oz cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd, CP, Spasticity, Hypertension</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>Medication in soft foods</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 2-point cross leg sling, change brief regardless</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, pelvic + safety belts, propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision,</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineural Hearing Loss - within 3-4 feet when talking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious behaviors, validate then re-direct</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to: <u>Routine, nails painted, lunchtime, snacks</u>	
Important for: <u>using her communication <sup>skills</sup> device, taking her medications</u>	
Likes: <u>nails painted, hair done, eating, painting</u>	
Dislikes: <u>having to wait, changes in routine, loud peers</u>	

Lead Review Completed: Maura Sweeney

Staff: Morgan  
 Date: 3/29/2022



Service Recipient: Christina W.  
 Service Span: March 22-23

Outcomes:

Outcome #1: identify how feeling using emotions on iPad  
 Summarize Steps:  
Present 3-4 options

Outcome #2: Choose outing to go on  
 Summarize Steps:  
Present 3-4 options, use cards, describe outing

Communication Style:  
vocalizations, body language, facial expressions, eye contact, cry

Learning Style:  
routine, repetition, model, verbal/physical prompts

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>offer tissue, help wipe nose, home gives meds</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>visually monitored, verbal cues</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sit in wheelchair, 4oz cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quadriplegic CP: sensation, vision, swallow, speak difficulty, spasticity, hypertension</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>meds in soft food w/ water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, 1, 1, 2 point cross leg sling, be told what happening always brief change</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, assist w/ belts and tray assist w/ chair over 10 ft distance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision, physical support, call 911 in emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensorimotor hearing loss, 3-4 ft speak loudly touch hand softly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit in face, pull hair, redirect, move to safe location watch her, promote safety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to:  
routine, nails painted, lunch time, snacks

Important for:  
using communication skills, take meds on time, propel wheelchair

Likes:  
nails done, hair done, chinese food, music, games, bowling

Dislikes:  
having to wait, change in routine, new staff, peers in

Lead Review Completed: Maura Sweeney

Staff: Alice L. Cox  
 Date: 3/29/22



Service Recipient: CHRISTINA W  
 Service Span: 3/22-3/23

Outcomes: 1

Outcome #1: Daily will identify her feelings/PAD  
 Summarize Steps: Present different icons to help her choose

Outcome #2: Choose an outcome monthly  
 Summarize Steps: Present choices - describe + let her choose

Communication Style: Body language, Facial Expressions, Eye Contact, Touching

Learning Style: Routine, Repetition, Modeling Verbal + Physical Prompts

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, help w/ wiping nose</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped Diet, Monitor while eating Verbal Cue</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>On chair 4 of cup, sm. spoon divide plate</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, CP/Broad, Spasticity, Hypertension,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft food w/ water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diapers - 1 person transfer, sling, Track system</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1-1 staff to assist + protect</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss - 3-4 ft away speak loud clear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Phrases, calm, self injurious behaviors, Redirect, encourage to</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u> <u>Attempt to hit or grab</u>
Important to:	<u>Routine, Nails Painted, Lunchtime, Snacks</u>
Important for:	<u>Communication Skills, Medication, Padded Chair</u>
Likes:	<u>Nails Painted, Hair Donny, Food, Snacks, Painting</u>
Dislikes:	<u>Wait, changing Routine, new staff, loud gears</u>

Lead Review Completed: Maura Sweeney

Staff: Megan Gagner  
 Date: 3/29/2022



Service Recipient: Christina Wagner  
 Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: <u>Daily Christina will identify how she is feeling on the iPad</u> Summarize Steps: <u>Staff present and review 3-4 options, time to make choice</u>
Outcome #2: <u>Monthly Christina will choose an activity once a month</u> Summarize Steps: <u>Staff present 3-4 choices, describe, allow her to choose</u>
Communication Style: <u>vocalizations, Body language, crying, facial expressions</u>
Learning Style: <u>Routine &amp; repetition, verbal &amp; physical prompts</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, offer tissues if needed, home brings meds for allergies</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>chopped diet, 1 inch by 1 inch bite sized pieces, monitored during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair &amp; once cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GIBD, communicate any symptoms to residence, Orthopedic cerebral palsy, Hypertension</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes medications in soft food followed by water according to physicians orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears knee, supported in menstrual care, 1 staff, brief changed regardless of output</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair supported in applying belts and tray, assist in longer distances/able building</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision and support while in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, staff will orientate their self in front of her, speaking loudly and within 3 feet</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-injurious behaviors, hitting herself, validate her feelings, encourage her to communicate</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Routine, nails painted, lunch time, snacks</u>
Important for:	<u>communication skills, taking medications as prescribed, independently propelling her wheelchair</u>
Likes:	<u>having her nails painted, hair done, eating, snacks, painting, listening to music, coloring, sensory activities</u>
Dislikes:	<u>waiting, changing in a van with loud vocalizations, loud peers</u>

Lead Review Completed: Maura Sweeney

Staff: Maria Hetchler  
 Date: 3/29/2022



Service Recipient: Christina Wagner  
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: <u>pains. Will identify her feeling using emotions on the iPad in 80%</u> Summarize Steps: <u>staff present 3-4 option on iPad</u>
Outcome #2: <u>monthly, will choose an activity to go</u> Summarize Steps: <u>staff present 3-4 option using cards</u>
Communication Style: <u>vocalizations, body language, facial, eye contacts, expression.</u>
Learning Style: <u>Routine and repetitions, modeling, verbal and physical prompts</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>offer her Seasonal Allergies; offer tissue to wipe nose</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>chopped diet to prevent choking, monitored during meals, eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sit on wheelchair, 4 oz cup, small teaspoon, divided plate.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>- GERD: symptoms common, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes to resistance</u> <u>- CP Quadriplegic cerebral palsy</u> <u>- Spasticity - hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>med in soft food follow by sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, support w/ menstrual cares. <del>transfer</del></u> <u>1 staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, supper tray, safety belt while using wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff supervision and physical support, call 911 emergency,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing lost, staff will orient themselves in front. louder while speaking to her, touch her hand</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-interruptions behavior (hitting her self, pulling hair) physical aggression. Assists to safe location, watches her</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>routine, nails painted, curfew time on time, snack, on time</u>
Important for:	<u>her communication skills, taking meds, propel her wheelchair</u>
Likes:	<u>having nail painted, hair done, eating, snack, painting, colors, music, colors, bowling and shopping</u>
Dislikes:	<u>having to wait, changing in her room while its loud, not familiar staff, peers in personal space bumping into wheelchair.</u>

Lead Review Completed: Maria Sweeney

Staff: Fe Staff  
 Date: 3/28/22



Service Recipient: Chin Anan  
 Service Span: 3/22-3/23

Outcomes:

Outcome #1: <u>Chin Anan will identify how she is feeling very anxious at 1/2 hour</u> Summarize Steps: <u>Staff will present 3-4 options</u>
Outcome #2: <u>Chin Anan will choose an activity for 90% of self directed time</u> Summarize Steps: <u>Staff present 3-4 options and allow her to choose</u>
Communication Style: <u>Visually, body language, eye contact, eye, ready for communication partners</u>
Learning Style: <u>Repetition, modeling, visual, physical practice</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 often have a sore throat or eyes were when running, kept tissues to have</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:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft &amp; whole grains</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, symptoms to kitchen. Quadrigenic CP, hypertension</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>Take medication with soft foods. All medication follow accordingly to physician order</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief to be changed regarding of out going, concern regarding of her space</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has a wheelchair safety belts, can push her self for short distance &lt; 10ft, staff assist her for long distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision, help her with periods of safety seats. Call 911 if needed</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>She hears loss, especially the side of her ear eye contact &amp; touch she has while speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injurious behavior &amp; directed her physical aggression, had vocalizations, with a pronk safety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No 48 supervision time.</u>
Important to:	<u>Routine, help her help people handle it on time</u>
Important for:	<u>Use her communication skills via upset, take medications as needed largely be whole team of 14 employees as needed</u>
Likes:	<u>Have her eat pain, hair done, enjoy her chest/body massage, gentle, sensory activities, shopping, music therapy</u>
Dislikes:	<u>Having to wait, routine and loud vocalizations, dirty clothes, waiting with unfamiliar staff, being possessive space.</u>

Lead Review Completed: M. Sweeney

Staff: Maddy K

Date: \_\_\_\_\_



Service Recipient: Christina W

Service Span: March 22 - March 23

Outcomes:

Outcome #1: <u>Daily, Christina will identify how she is feeling</u> Summarize Steps: - Staff present + review 3-4 options on ipad - Give time to make choice
Outcome #2: <u>Monthly, will choose an outing</u> Summarize Steps: - Staff present 3-4 options - Give time to make choice
Communication Style: <u>vocalizations, body language, facial expressions, eye contact, crying, reaching for hands</u>
Learning Style: <u>Routine + repetition, verbal + physical prompts</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 - offer tissue and/or wipe nose, report concerns to home</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>Chopped diet to prevent choking -visually monitored</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair, 4oz cup, small teaspoon + divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>-GERD, Quadriplegic CP, Spasticity, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes -Any concerns reported to residence Hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>In soft food followed by sip of water -staff follow prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Breasts, mechanical lift, 2 point cross leg swing, likes to be told what is going on</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, tray, Pelvic + safety belts -staff propel longer distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support + supervise in community, help practice pedestrian safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, Staff 3-4 feet while speaking loudly + clearly. Touch hand or make eye contact</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hitting self, Pulling hair, Physical aggression -staff encourage communication + redirect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u><del>At</del> No unsupervised time</u>

Important to: Routine, nails painted, lunch, snacks

Important for: Using communication skills when upset, meds as scheduled, Propelling chair independently

Likes: Nails painted, hair done, eating, snacks, painting, music, games, coloring, sensory activities, bowling, shopping, music therapy

Dislikes: Waiting, changing in room with loud vocalizations, new staff, change in routine

Lead Review Completed: Maura Sweeney

Staff: Nancy Larson  
 Date: 3-29-22



Service Recipient: Christina Wagner  
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Daily how she is feeling</u> Summarize Steps: <u>use 1-pad - 3 or 4 options - Choose</u>
Outcome #2: <u>Monthly Choose outing</u> Summarize Steps: <u>3-4 options, talk about them - Choose</u>
Communication Style: <u>Vocally, facially, Crying, eye contact</u> <u>body language</u>
Learning Style: <u>routine &amp; repetition - Verbal prompts</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 offer tissues, wipe nose</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet 1x1 size pieces</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>divided plate, small top.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd CP. Quad, spasticity concerns</u> <u>hypertension</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>soft foods w/ water per physician</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears briefs - lift system - tell her what is happening</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair use safety/belts. can propel herself a little</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision &amp; support in community</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss - stand closely speak loud + clearly</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>When calm praise her.</u> <u>Self injurious behavior - redirect her to other activities</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>	

Important to: routine, nails painted, lunch time & snack

Important for: Communication skills, medications, propelling her  
wheelchair as she is able

Likes: nails painted hair done Chinese food Snacks painting  
coloring, music therapy, bowling shopping

Dislikes: having to wait, loud vocalizations, changes in her routine  
loud peers

Lead Review Completed: Munida Sheeony

Staff: Deanna Lepley  
 Date: 3/29/22



Service Recipient: Christina Wagner  
 Service Span: March 2022-2023

Outcomes:

Outcome #1: <u>Daily will identify how she is feeling using span 80% of all</u> Summarize Steps: <u>STAFF give options on iPad given 3-4 options to make her choice</u>
Outcome #2: <u>Choose an activity to go on 80% of time</u> Summarize Steps: <u>Give her 4 options, give her time to pick</u>
Communication Style: <u>Vocalization, body language, eye contact, crying</u>
Learning Style: <u>Routine + Rep, Modeling, Verbally prompts</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, offer to wipe nose Report concerns to home</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A - doesn't have seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet 1x1 size pieces Give verbal to eat slowly. Divided plate 4oz cup small TSP</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quatrapalsia cerebral palsy. Spasticity concerns. Takes meds for tinnitus hypertension. 2m concerns feel Residual cp</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><del>Med</del> Med in soft goods followed by sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Supp. w/ menstundl cares. Cross sitting Let her know what is being done while doing cares.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pelvic + safety belt + tray on wheelchair STAFF w/ supp. long distances or outside bids.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervisor in comm. Safety stairs + observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss. STAFF stand in front of her - loudly + clearly. Lighten touch her hand + make eye contact</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injurious behaviors, hitting self in face Pulls out hair. Loud vocalizations, may try to hit or grab those close to her.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO Unsupervised time</u>

Important to: Routine, nails painted, lunch time + Snacks, lunch time on time

Important for: Comm. skills when feeling upset or anxious, taking meds as scheduled using wheelchair as much as able.

Likes: Nails painted, hair done, eating, Snacks, painting, listening to music Play games (color, music therapy, Bunnies, shopping

Dislikes: having to wait, changes in a room w/ loud vocalization working w/ new or unfamiliar staff, loud fears in her personal space People bumping into her wheelchair

Lead Review Completed: Maura Dweeney

Staff: Dommer  
 Date: \_\_\_\_\_



Service Recipient: Christina W  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: <u>Identify feelings using emotions on iPad</u> Summarize Steps: <u>Show 3/4 options and allow time to choose</u>
Outcome #2: <u>Choose outing to go on</u> Summarize Steps: <u>given 3/4 options using picture cards describe outing, Allow time for choice</u>
Communication Style: <u>Vocalization, bodylang, Crying, eye contact</u>
Learning Style: <u>Routine / Rep, modeling, Verbal</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, otter tissue to wipe nose</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>Chopped to prevent choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>4oz cup, small teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cred, CP, Spasticity, hypertension</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>Med in soft food followed by water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brics, 2 transfer, likes to be taken to where in cars, bric always changed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provides supervision and support in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss, staff will be within 3-4 feet when speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injures - validate / re direct</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: routine, nails, lunch,

Important for: taking meds, propel wheelchair ind.

Likes: nails painted, hair done, eating, showers, painting, music

Dislikes: waiting, loud noises, new staff, loud peers, bumping wheelchair

Lead Review Completed: Maura Sweeney

Staff: Kanya Mason  
 Date: 3.29.22



Service Recipient: Christina Wagner  
 Service Span: March 22-23 year

Outcomes:

<p>Outcome #1: <u>Daily Christina will identify how she feeling using emotions on iPad</u>          Summarize Steps:  <u>Staff shows 3-4 options on iPad</u></p>
<p>Outcome #2: <u>Monthly Christina will choose an outing to go on</u>          Summarize Steps:  <u>Staff shows 3-4 options using picture cards</u></p>
<p>Communication Style: <u>body language facial expressions</u>  <u>Teaching for communication partner hand</u></p>
<p>Learning Style: <u>Verbal, Modeling Physical Prompt</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 &amp; Describe Supports: <u>Season allergies offer tissue,</u></p>
<p>Seizures:  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>N/A</u></p>
<p>Choking:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Chopped diet prevent diet in bite size pieces verbal cues to eat slowly</u></p>
<p>Specialized Diet:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Sits in wheelchair 4oz cup teaspoon divided plate</u></p>
<p>Chronic Medical Conditions:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>GERD symptoms communicated to Residence Hypertension take medications daily</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>takes medications in soft food follow by water</u></p>
<p>Personal Cares:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Briefs, 1/2 trans transfer using lift, likes to know what is being done step by step</u></p>
<p>Mobility/Fall Risk:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>wheelchair tray, safety belt, transfer short distance 10 ft Staff assist with longer distance</u></p>
<p>Community Support:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Staff provide supervision - physical support</u></p>
<p>Sensory Support:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>hearing loss, 3-4 ft in front of Christina and speak loudly, touch her hand is helpful make eye contact</u></p>
<p>Behavior Support:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <u>SELF-INJURIOUS hits own face, pulling own hair redirect to different activities</u></p>
<p>Unsupervised Time:  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <u>NO UNSUPERVISED TIME</u></p>

Important to: Routine having her nails painted, lunch time on time snacks

Important for: using communication skills when feeling upset and/or anxious having medication on time

Likes: having nails painted, having hair done cheese food snacks painting music games

Dislikes: Having to wait changing in a room with loud vocalizations change in routine bumping into her wheel chair.

Lead Review Completed: Maura Sweeney

Staff: Kellam  
 Date: 3-29-22



Service Recipient: Christina  
 Service Span: March 22-23

Outcomes:

Outcome #1: Daily, she will identify how she's feeling  
 Summarize Steps: Staff present + review 3-4 options on iPad

Outcome #2: Monthly, she will choose an outing 80% of opportunities  
 Summarize Steps: Staff present 3-4 options using picture cards

Communication Style: Vocalization, body language

Learning Style: Routine Reption

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, help wipe nose, home gives meds</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet, verbal cues to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd - Hypertension</u> <u>Quadriplegic: cerebral palsy</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>Takes meds in soft food and water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, menstrual care, like being told whats happening</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, support in applying tray, safety belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self provide supervision, practice safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u><del>Self</del> Hearing loss, within 3-4 feet while talking clearly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious - validate feeling - physical aggression when calm praise</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Practicing Routine: nails painted - snacks on time</u>
Important for:	<u>Use communicative skills - taking meds - moving wheelchair by self</u>
Likes:	<u>Nails painted, hair done, eating - snacks, painting - music</u>
Dislikes:	<u>Having to wait - changes in routine, working w/new people</u>

Lead Review Completed: Maura Sweeney

Staff: Colette Rice  
Date: 3.29.22



Service Recipient: Christina Wagner  
Service Span: march 22 → 23

Outcomes:

Outcome #1: <u>identify how she is feeling</u> Summarize Steps: <u>let her make choices</u> <u>Present options</u>
Outcome #2: <u>Choose an outing</u> Summarize Steps: <u>let her make choices</u>
Communication Style: <u>Vocalizations, body language, crying</u>
Learning Style: <u>Routine, Repitition, Verbal prompts</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, offer tissue</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>Verbal</u> <u>chopped, <del>raw</del> cues to eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair 4oz. cup <sup>divided</sup> plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd, CP, Spasticity, hypertension</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>medication in soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 2 point cross leg sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, pelvic <sup>Propel short distances</sup> softly belt,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensorineural, hearing loss w/in <sup>3-4 ft of</sup> talking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injury behavior, pulling hair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>Routine, nails painted, lunch time, Snacks</u>
Important for:	<u>use communication skills when upset!</u>
Likes:	<u>nails painting, eating, Snacks, Color</u>
Dislikes:	<u>having to wait, loud peers</u>

Lead Review Completed: Maura Sweeney

Staff: ERIN SANDSTROM  
 Date: 3.29.2022



CHRISTINA  
 Service Recipient: MAGNER  
 Service Span: MARCH 2022 - MARCH 2023

Outcomes:

Outcome #1: <u>DAILY, CHRISTINA WILL IDENTIFY HOW SHE IS FEELING</u> Summarize Steps: <u>USING EMOTIONS ON IPAD!</u> <u>STAFF PRESENT 3-4 OPTIONS ON IPAD. TIME TO MAKE CHOICE.</u>
Outcome #2: <u>MONTHLY, CHRISTINA WILL CHOOSE AN OUTING TO GO ON.</u> Summarize Steps: <u>STAFF PRESENT 3-4 OPTIONS USING PICTURE CARDS, DESCRIBE OUTING.</u>
Communication Style: <u>VOCALIZATIONS, BODY LANGUAGE, FACIAL EXPRESSIONS, EYE CONTACT, CRYING</u>
Learning Style: <u>ROUTINE / REPETITION, MODELING, VERBAL, PHYSICAL PROMPTS</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. OFFER TISSUE TO WIPE NOSE</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A - NO SEIZURES</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>CHOPPED DIET TO PREVENT CHOKING, 1X1 PIECES</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SITS IN W/C, 4OZ CUP, SMALL TSP, DIVIDED PLATE</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, CP, QUADRIPARETIC, SENSATIONS AND VISION. SPASTICITY, HYPERTENSION.</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>MEDS IN SOFT FOODS, SUP OF WATER</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BRIEFS, 1 STAFF, TRUCK SYSTEM, 2 POINT CROSS SLING.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>W/C, SUPPORT IN TRAY, <sup>SELF</sup> PROPEL WITHIN 10 FT. STAFF ASSIST OUTSIDE.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PHYSICAL SUPPORT, SUPERVISION,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SENSORINEURAL HEARING LOSS, TALK IN FRONT WITHIN 3-4 FT. SPEAK LOUD AND CLEAR.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>- PHYSICAL AGGRESSION SELF INJURIOUS BEHAVIORS, - HITTING SELF, PULLING DOWN HAIR</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to:	<u>ROUTINE, NAILS PAINTED, SNACK/LUNCH</u>
Important for:	<u>USE HER COMMUNICATION SKILLS, MEDS, PROPEL W/C</u>
Likes:	<u>NAILS PAINTED, HAIR DONE, SINGING, MUSIC, M.T., SENSORY</u>
Dislikes:	<u>HAVING TO WAIT, LOW VOCALIZATIONS, CHANGES IN ROUTINE, UNFAMILIAR STAFF</u>

Lead Review Completed: Maura Sweeney

Staff: Ashleigh Surley  
 Date: \_\_\_\_\_



Service Recipient: Christina Wagner  
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Daily identify how feeling on iPad w/ emotions</u> Summarize Steps: <u>3-4 opt on iPad</u>
Outcome #2: <u>Choose outing in 80% opp.</u> Summarize Steps: <u>3-4 opt picture cards</u>
Communication Style: <u>body language facial exp, reaching for hands</u>
Learning Style: <u>routine, rep, modeling, verbal &amp; physical prompts</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>- other tissue to wipe nose</u> <u>Seasonal-report concerns to home</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>no seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>remind to eat slowly</u> <u>chopped diet to prevent choking visually monitored</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sit in wheel chair, 4oz cup, small tsp, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, CP, spasticity, Hypertension</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>med in soft food followed by sip of water admin per PO.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief-supported by menstrual care - mesh lift &amp; string. communicate while doing change even if dry</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c - apply tray belt safety belt can propel short distance staff support moving during outings &amp; world of dist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide sup. + phys support, ped safety, call 911 in emergencies</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss - in front, speak loud &amp; clear. contact prior to speaking touch hand &amp; wave eye</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit or grab phys around her. Praise when calm</u> <u>slap-hitting self, pull hair, validate &amp; redirect. Encourage commun</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
Important to:	<u>routine, having needs done, lunch time, snacks</u> <u>snack &amp; lunch on time</u>
Important for:	<u>communication skills, taking meds, propelling w/c independently when able</u>
Likes:	<u>nails painted, hair done, eating snacks, painting, music, playing games</u> <u>coloring, sensory act. bowling, shopping</u>
Dislikes:	<u>waiting, changing in a room w/ loud vocalization, routine changes</u> <u>new/unfamiliar staff, too many peers, people bumping her</u>

Lead Review Completed: Maura Sweeney

Staff: Laura Stacken  
 Date: MARCH 29, 2022



Service Recipient: Christina W  
 Service Span: March 22 - March 23

Outcomes:

Outcome #1: <u>Daily, Christina will identify how she is feeling using emotions on iPad.</u> Summarize Steps: <u>IPad.</u> Staff Present & review 3-4 options on iPad
Outcome #2: <u>Monthly, Christina will choose an outing to go on.</u> Summarize Steps: <u>Staff present 3-4 options picture cards, describe outing.</u>
Communication Style: <u>Vocalizations, body lang, facial expressions, eye contact, crying, reaching for her Comm Partner's hand.</u>
Learning Style: <u>Routine &amp; repetition, modeling, Verbal, &amp; physical prompts.</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</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>Chopped diet to prevent choking, visually monitored during meals Verbal cues to slowly eat.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, small teaspoon, divided plate.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CPD, Quadripesic CP, spasticity, Hypertension</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>medication in soft food followed by a sip of water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Support with menstrual cycle, transferred 1 staff (lift) sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, Support in applying her tray, pelvic &amp; safety belts.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision &amp; physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, staff be within 3-4 feet while speaking loudly &amp; clearly.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-injurious hitting herself, physical aggression <del>and</del> adm praise her.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>
Important to:	<u>Routine, having nails done, Snacks &amp; lunch on time.</u>
Important for:	<u>Use her communication skills when feeling upset. Propel her wheelchair independently as able.</u>
Likes:	<u>Nails done, hair done, eating/snacks, music, games, color, sensory music therapy, shopping, <del>and</del> basing.</u>
Dislikes:	<u>Having to wait, change in a room loud noises, New staff, personal space.</u>

Lead Review Completed: Mandy Sweeney

Staff: Jenny Trimble  
 Date: 3/29/22



Service Recipient: Christina Wagner  
 Service Span: 3-20-22-3/20/23

Outcomes:

Outcome #1: <u>Daily, will identify how she is feeling or how</u> Summarize Steps: <u>Staff present 3-4 options</u>
Outcome #2: <u>monthly will choose outing</u> Summarize Steps: <u>3-4 options      Give time to choose</u>
Communication Style: <u>vocalization, eye contact, reaching, body language</u>
Learning Style: <u>routine modeling, verbal &amp; physical prompts</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 - offer tissue to <del>ear</del>land wipe nose</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>chopped diet, to prevent choking, visually monitor &amp; verbal cues to <del>eat</del> <sup>swallow</sup></u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits w/c, 4 oz cup, small teaspoon &amp; divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD - communicate to <del>resident</del> quadriplegia &amp; spasticity &amp; hypertension</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>medication in soft food followed by sip of water, according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mechanical lift, briefs w/ menstrual pads, 2 point cross sling likes to be told what's going on</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c supported in her applying her tray pelvic &amp; safety strap, can propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide supervision &amp; physical support in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensory/mixed hearing loss, staff orient themselves in front of her &amp; within 3-4 feet <sup>speaking</sup></u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SEBS - hitting the face, pulling own hair, validate feelings, <sup>may hit or grab</sup> assist her to <sup>relaxation</sup></u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>Routine, having nails painted lunch &amp; snacks on time</u>
Important for:	<u>use her communications skills, taking meds, propel w/c as independently as able to.</u>
Likes:	<u>having hair &amp; nails done, eating, snacks, painting, music, games, colors, sensory, music therapy, bowling <sup>shooting</sup></u>
Dislikes:	<u>having to wait, changing in a room w/ leader <sup>dislikes</sup> newer or unfamiliar staff, being bumped into <sup>dislikes</sup></u>

Lead Review Completed: Mawda Sweeney

Staff: Natalie Johnson

Date: 3.31.2022



Service Recipient: Christina Wagner

Service Span: March 2022 - 2023

Outcomes:

Outcome #1: <u>Daily, Christina will identify how she is feeling on the iPad</u> Summarize Steps: <u>Staff Present and review 3-4 options on iPad, time to make her choice.</u>
Outcome #2: <u>Monthly, Christina will choose an outing to go on</u> Summarize Steps: <u>Staff Present 3-4 options using Picture Cards, describe outing, time to make choice.</u>
Communication Style: <u>Vocalizations, body language, facial expressions, eye contact, Crying, reaching for her communication partner's hand.</u>
Learning Style: <u>Routine and repetition, modeling, verbal and physical prompts.</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</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NIA</u>	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slowly.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, small teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quadriplegic Cerebral palsy, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Spasticity, hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds in soft food followed by a sip of water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 1 person lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, support in applying her trays, pelvic and safety belts when using chair. Can propel short distances.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensor: neural hearing loss. <del>Staff</del> Staff will orient themselves 3-4 ft in front of her. Speak loudly and clear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious (hitting self in face, pulling in hair) validate feelings, redirect - different activities</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Routine, having her nails painted, snack and lunch on time</u>
Important for:	<u>Use communication skills when feeling upset or anxious, taking meds as scheduled, propel wheelchair independently?</u>
Likes:	<u>Having nails painted, hair done, eating, snacks, painting, listening to music, playing games, coloring, sensory activities, music therapy, bowling, shopping</u>
Dislikes:	<u>Having to wait, changing in a room w/ loud vocalizations, changes in routine, working w/ new people, loud peers, personal space w/ peers bumping into her.</u>