In-Service Training Log – Linden

Date: 4-5-2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Ashleigh Shirley Program Supervisor			Competency review for Nikki R.

Make up Date	Initial	EE ID	Last Name
	ℬA		Ailport, Betsy
	CAJ		Anderson-Jones, Celeste
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
	A		Cox, Alice
	MB / lll		Gagner, Megan
	AH		Hampton, Tony
	MH		Hetchler, Maria
	NJ		Johnson, Natalie

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

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

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

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Competency Tracking Form
Linden Site

Participant: Nikki Reitan   Annual Service Span: <u>March 2022-March 2023</u>

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

Documents Reviewed: <u>CSSPA, IAPP, SMA, One-Page Profile, Outcomes</u>

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

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
	BA	Ailport, Betsy		SM	Mafi, Sommer
	CAJ	Anderson-Jones, Celeste		KM	Mason, Kanya
	KB	Bauch, Kia		VM	McKnight, Kyla
	MB	Bradshaw, Morgan		CR	Rice, Colette
	AC	Cox, Alice		ES	Sandstrom, Erin
	MG	Gagner, Megan		AS	Shirley, Ashleigh
	AH	Hampton, Tony		LS	Stacken, Laura
	MH	Hetchler, Maria		JT	Trimble, Jennifer
		Hiland, Lindsay			
	NJ	Johnson, Natalie			
	FK	Kalu, Festus			
	MK	Kessler, Madeline			
	NL	Larson, Nancy			
	DL	Lepley, Deanne			

Staff: Natalie Johnson
Date: 4·6·2022

PAI

Service Recipient: Nikki Reitan
Service Span: March 2022-23

OUTCOMES:

Outcome #1: Daily, Nikki will bring her dishes to the dish bin and wash her face.
Summarize Steps: After lunch staff will prompt Nikki to bring her dishes to the dish bin and provide a wash cloth or wet wipe to wash her face.

Outcome #2: Three times a week, Nikki will identify what day of the week it is.
Summarize Steps: Present two days of the week, ask Nikki to point to the correct day. If incorrect, inform her of the correct day.

Outcome #3: Once a month, Nikki will choose an object or scenery she would like to take a picture of while in the community.
Summarize Steps: Ask her if she would like to take a picture. Nikki will choose what she wants to photograph. Staff will assist.

Communication Style: Understands verbal communication. Use communication device. Staff ensures Nikki always has access to communication device.

Learning Style: Practice and repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Sulfa drugs
Seizures: Epilepsy ☑ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Bite sized diet
Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite sized pieces, reg plate and cup.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Trisomy - is mosaic, osteoporosis, scoliosis, oral apraxia, hirsutism — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff pour Nikki's med into beverage at lunch.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Will walk to the bathroom alone. Can allow to run to be alone.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Ambulatory. Staff will guide Nikki when walking. Use wedge when sitting.
Community Support: ☑ No ☐ Yes	Describe Supports: Hold hands while walking in community.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 10 min of alone time in the bathroom

Important to: Mom, dad, Gracie her cat, using a computer, music, friends, helping w/ tasks, snacks and walks.

Important for: Communication device, balanced diet, walking, having staff that know her well

Likes: visiting friends, snacks, gracie, family, youtube

Lead Review Completed: _____

Staff: _Betsy_   Date: _4/5/2022_

PAI

Service Recipient _Nikki R._
Service Span: _3/2022 - 3/2023_

OUTCOMES:

Outcome #1: Daily, bring dishes to dish bin + wash her face + hands
Summarize Steps: staff prompt to do outcome

Outcome #2: 3x wkly Nikki will identify day of the week
Summarize Steps: staff present 2 days
Nikki will point
Incorrect, staff will show correct card

Outcome #3: 1x month, choose object or scenery to take picture while in community
Summarize Steps: Ask if would like to take picture
Will choose.
Staff assist

Communication Style: Understands verbal, esp when paired with gestures, comm device

Learning Style: Practice, repetition

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

Allergies: ☑No ☐Yes	List & Describe Supports: Sulfa If med with sulfa will inform house
Seizures: Epilepsy ☐No ☐Yes N/A	Describe Supports: N/A
Choking: ☐No ☐Yes	Describe Supports: Bite sized
Specialized Diet: ☑No ☐Yes	Describe Supports: Bite sized, veg plate, cup and utensils Main coarse first before snacks
Chronic Medical Conditions: ☑No ☐Yes	List & Describe Supports: Trisomy-15 mosaic, osteoporosis, scoliosis, oral apraxia, Hirsutism DNR/DNI: ☑No ☐Yes
Medication at PAI: ☑No ☐Yes	Describe Supports: Takes med in drink at lunch make sure she finishes drink
Personal Cares: ☑No ☐Yes	Describe Supports: Walks to bathroom, staff will assist with clothes 10 mins to monitor progress
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: Ambulate prefers holding staff hand wedge while sitting, center of chair
Community Support: ☑No ☐Yes	Describe Supports: Hold hand while out
Sensory Support: ☑No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☑No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☑No ☐Yes	Describe Supports: 10 mins alone in bathroom staff will monitor progress

Important to:
family, her cat, computer, music, friends, helping with tasks, snacks, walks

Important for:
comm device, balanced diet, walking, having familiar staff, socializing with peers

Likes:
walks, visits with friends, snack, her cat, family, youtube videos

Lead Review Completed: _AS_

Staff: ERIN SANDSTROM

Date: 4.5.2022

PAI

Service Recipient: NIKKI REGAN

Service Span: MARCH 2022 - 2023

OUTCOMES:

Outcome #1: DAILY, NIKKI WILL BRING HER DISHES TO THE DISH BIN AND
Summarize Steps: WASH FACE/HANDS.
STAFF WILL PROMPT NIKKI TO BRING DISHES AND PROVIDE WASHCLOTH.

Outcome #2: 3X WEEK, NIKKI WILL IDENTIFY THE CORRECT DAY OF THE WEEK.
Summarize Steps: STAFF PRESENT 2 DAYS OF WEEK. STAFF WILL ASK NIKKI WHAT DAY OF THE WEEK IT IS.

Outcome #3: ONCE A MONTH, NIKKI WILL CHOOSE AN OBJECT OR SCENERY
Summarize Steps: SHE WOULD LIKE A PHOTOGRAPH IN THE COMMUNITY. STAFF WILL ASK NIKKI IF SHE WOULD LIKE TO TAKE PIC. STAFF WILL ASSIST.

Communication Style: VERBAL - PAIRED W/ GESTURES, COMMUNICATION DEVICE

Learning Style: PRACTICE & REPITION

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SULFA DRUGS
Seizures: ~~Epilepsy~~ ☐ No ☐ Yes NA	Describe Supports: NO HISTORY OF SEIZURES
Choking: ☒ No ☐ Yes	Describe Supports: BITE SIZE DIET, EATS INDEPENDENTLY
Specialized Diet: ☒ No ☐ Yes	Describe Supports: BITE SIZE PIECES, REG. CUP AND PLATE, MAIN COURSE 1ST.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: TRISOMY 15 - MOSIAC, OSTEOPOROSIS, SCOLIOSIS APRAXIA, HIRSUTISM DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NIKKI'S MED GOES IN HER LUNCH DRINK - ENSURE SHE FINISHES
Personal Cares: ☒ No ☐ Yes	Describe Supports: WALKS TO BR. 10 MINS ALONE TIME - STAFF ✓ - ASSIST IN CLEANING PERI AREA.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: AMBULATE INDEPENDENTLY, PREFERS HOLDING HAND, USES WEDGE WHILE SEATED. LEANS TO SIDE
Community Support: ☒ No ☐ Yes	Describe Supports: HOLD HANDS WHILE WALKING, MODEL SAFETY & SOCIAL SKILLS
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 MINS OF ALONE TIME IN BATHROOM - STAFF ✓ ON HER

Important to: MOM/DAD, GRACIE-CAT, COMPUTER, ~~ART~~ MUSIC, SNACKS, WALKS

Important for: COMMUNICATION DEVICE, BALANCED DIET, WALKING, SOCIALIZING

Likes: WALKS, VISITING W/ FRIENDS, SNACKS, CAT, FAMILY, YOUTUBE VIDEOS

Lead Review Completed: CAS

OUTCOMES:

Outcome #1: Bring dishes to the dish bin and wash her face and hands	
Summarize Steps: Prompt her to bring her dishes to the dishbin, provide wash cloth/wet wipes to wash her face	
Outcome #2: Correctly identify the correct day of the week	
Summarize Steps: Present Nikki with two days of the week ask to point to the day it is	
Outcome #3: Nikki will choose an object or scenery she would like to take a picture of	
Summarize Steps: ask if she wants to take a picture, assist with taking the picture	
Communication Style: verbal, understands, reads, Pair with gestures, communicates with device	
Learning Style: Practice and repetition	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa
Seizures: Epilepsy ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet, eats independently monitor, abdominal thrusts if choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, regular plate, cup, utensils offer main course first
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy-15 mosaic, osteoporosis, scoliosis, oral apraxia, Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: 1 med, med goes into the drink she has for lunch
Personal Cares: ☒ No ☐ Yes	Describe Supports: accompany to ensure safety 10 min alone, checking to see if she's done assist with cleaning peri area pulling up pant + arranging girls when on menses
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: prefers holding staff hand to walk, assist/guide on wet slippery surfaces uses a wheelchair while seated
Community Support: ☒ No ☐ Yes	Describe Supports: holds hands while walking in the community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 mins alone time in the bathroom, staff check periodically to see if she's done
Important to: Mom, Dad, cat Gracie, computer, listening to music being with friends, helping, snacks, walks	
Important for: walks, communication device, maintaining a balanced diet, walking, socializing	
Likes: walks, visiting friends, snacks, Gracie (cat) family, youtube	

Lead Review Completed: AS

Staff: Megan Gagner

Date: 4/5/2022

PAI

Service Recipient: Nikki Reitan

Service Span: Mar 20 - Mar 23

OUTCOMES:

Outcome #1: Daily Nikki will bring her dishes to the dish bin and wash her

Summarize Steps: face & hands 75%

after done with lunch, staff will prompt Nikki

Outcome #2: 3x a week Nikki will identify the correct day of the week 80%

Summarize Steps: staff present two days

ask Nikki to point to which days

if incorrect, inform correct day

Outcome #3: once a month Nikki will take a picture while in community 80%

Summarize Steps: ask Nikki if she would like to take a photo

choose an object

assist in taking picture

Communication Style: verbal communication, communication device.

Learning Style: Practice & repetition.

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

Allergies: ■ No ☐ Yes	List & Describe Supports: Sulfa based drugs.
Seizures: Epilepsy ■ No ☐ Yes	Describe Supports: N/A
Choking: ■ No ☐ Yes	Describe Supports: Bite sized diet, eat independently, staff will supervise
Specialized Diet: ■ No ☐ Yes	Describe Supports: Bite sized pieces, regular plate size and utensils, offer meal first before snacks
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: Trisomy-15 poos a1c, osteoporosis, scoliosis, oral appraisal DNR/DNI: ■ No ☐ Yes
Medication at PAI: ■ No ☐ Yes	Describe Supports: Nikki takes one medication at PAI, staff assist
Personal Cares: ■ No ☐ Yes	Describe Supports: walk to restroom herself, staff assist when needed, 10 minutes alone, assist with menstrual cycle
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: ambulate independently, staff assist when needed, wedge while seated, may lean to side, staff assist
Community Support: ■ No ☐ Yes	Describe Supports: staff held hands while in the community, staff will help provide ~~proper~~ assistance
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ■ No ☐ Yes	Describe Supports: 10 minutes of alone time while in the bathroom

Important to: Mom, Dad, cat, using computer, music, being with her friends, snacks and walks

Important for: Communication device, maintaining balanced diet, socializing with peers

Likes: walks, visiting friends, snacks, cats, her family

Lead Review Completed: AS

Staff: Kanya Mason
Date: 4.5.22

PAI

Service Recipient: Nikki Redvan
Service Span: _____

OUTCOMES:

Outcome #1: Daily Niki will bring her dishes and wash face and hands
Summarize Steps: After lunch staff will prompt Niki

Outcome #2: 3 times a week Niki will identify the correct day of the week
Summarize Steps: Staff will show 2 cards with one being the correct day and niki will choose

Outcome #3: Once a month Niki will choose an object to take a photo of
Summarize Steps: Staff will assist with taking the photo

Communication Style: Verbal, communication device,

Learning Style: Practice and repetition

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa Drugs
Seizures: Epilepsy ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite size diet, eats indipendtly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size, regular untensals
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy, mosaic, oral apraxia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: one medication at Pai poured into her drink
Personal Cares: ☒ No ☐ Yes	Describe Supports: Will walke to the bathroom by herself, 10 min of alone time when done staff assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate by her self Refers to hold staff or anything while walking
Community Support: ☒ No ☐ Yes	Describe Supports: Staff holds hands and model good behavior
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 min of alone time in bathroom periodily checks

Important to: Mom dad cat family staff snacks

Important for: Communication device staff that know her

Likes: Walks visiting friends youtube cat

Lead Review Completed: AS

OUTCOMES:

Outcome #1: Will brings her dishes to dish bew wash face and hands
Summarize Steps:
Prompt and Provide nikki with face rag to wash or wipe her face

Outcome #2: 3x a week Identify correct day of week
Summarize Steps: Present nikki with 2 optons
niki Picks the Correct Date if wrong staff will Correct nikki

Outcome #3: nikki will Choose object to take Photo of in community
Summarize Steps:
Ask her if she would Like to take Photo
assist

Communication Style: Verbal gestures, Communication device

Learning Style: Practice Repitivn

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: sulfer drugs Do not give
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: bite size diet Independent Monitor
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size pieces offer main Regular Plate Eutensil Corse first
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Tresion is osteoporosis aPraxia Hurtism	DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: 1 med Pour into Lunch drink Make sure she finishes
Personal Cares: ☒ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: will walk by hyself to b/R 10 min alone time assist in Cleaning and Pants Pads Levels
Community Support: ☒ No ☐ Yes	Describe Supports: Ambulad Prefers staff hand guid her Uses wedge while seated
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Hold hands while walking model appropriate and safe skills
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: 10 min or alone time in bathRoom step Check Periodically

Important to: her mom Dad Cat Computer music snacks walks
help staff

Important for: Com device walks staff familiar
peers

Likes: walks snacks Cats Yt videos family visiting friends

Lead Review Completed: _____

Staff: Nancy Larson

Date: 4-5-22

PAI

Service Recipient: Nikki Reitan

Service Span: March 2022 - 2023

OUTCOMES:

Outcome #1: Summarize Steps:	Daily Nikki will bring her dishes to the dish bin and wash face & hands When Nikki is done w/ lunch staff will prompt Nikki to bring her dishes to bin
Outcome #2: Summarize Steps:	3x a week will identify what day of the week it is. Ask Nikki. give her cards to look at and let her know what day it is if she is wrong
Outcome #3: Summarize Steps:	1x month will photograph scenery. does she want to? ask her, then ask what she wants to take a pic of.
Communication Style:	verbal has a communication device
Learning Style:	repitition + practice

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: sulfa drug
Seizures: Epilepsy ☐ No ☐ Yes N/A	Describe Supports: no history of seizures
Choking: ☒ No ☐ Yes	Describe Supports: bite size diet, eats independently
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size, eat main course first
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy 15, osteo, scoliosis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: 1 med at PAI pour into drink at lunchtime
Personal Cares: ☒ No ☐ Yes	Describe Supports: Will walk to bathroom by herself, make sure she is safely seated, assist w/ pulling pants up etc.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ambulates independently, likes to hold hands or push wheelchairs
Community Support: ☒ No ☐ Yes	Describe Supports: Hold hands while walking in community, model appropriate social skills
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: none
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: none
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: 10 min alone in the bathroom, check on her
Important to:	family, cat, computer, music, friends, snacks, walks
Important for:	Comm device, walking, balanced diet, familiar staff
Likes:	walks, friends, cats, family

Lead Review Completed: AS

Staff: Jenny Trimble
Date: 4/5/22

PAI

Service Recipient Nikki Reitan
Service Span: 3/2022 - 3/2023

OUTCOMES:

Outcome #1:	Daily, Nikki will bring her dishes to the dish bin and wash face & hands after
Summarize Steps:	After Nikki is done staff will prompt her to bring her dishes to the bin & wash face & hands
Outcome #2:	3x a week, Nikki will identify correct the day of the week
Summarize Steps:	staff give 2 days of the week to nikki & have her point to the correct day of the week
Outcome #3:	1x a month, Nikki will choose an object or scenery to take a photo
Summarize Steps:	staff will ask if she would like to take a photo, choose a object or scenery staff assist w/ taking the picture
Communication Style:	understand verbal communication & gestures, uses communication device
Learning Style:	Practice & repitition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: sulfa drug, will not administer meds w/ sulfa
Seizures: Epilepsy ☑ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Bite sized - can eat independently
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite - sized, uses reg. plate, cup & utensils. Staff offer main dish first
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Trisomy-15 mosaic Osteoporosis, scoliosis apraxia, hirsuitism **DNR/DNI:** ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: One medication @ PAI, meds in drink & makes sure she drinks all
Personal Cares: ☑ No ☐ Yes	Describe Supports: walks to cares room independently, 10 min alone time staff make sure pants are fully down/ sets safely
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Ambulate independently, prefers holding staff hands or w/c, uses wedge when seated
Community Support: ☐ No ☐ Yes	Describe Supports: Holds staff's hand while in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 10 min of alone time, staff check periodically to see if she's done
Important to:	mom, dad, cat gracie, being w/ friends, walks, using computer
Important for:	Communication device, walks socializing w/ peers
Likes:	Going for walks, friends, snacks, cat, family

Lead Review Completed: _____

OUTCOMES:

Outcome #1: Daily. Nikki will bring dish to dish bin and wash her face
Summarize Steps: - After Nikki done lunch, Nikki bring dishes to dish bin
- If Nikki follow through

Outcome #2: Indentify correct day of the week
Summarize Steps: Staff present 2 days of the week
Staff ask Nikki to point

Outcome #3: Once a month Nikki choose an object to take picture
Summarize Steps: - staff ask Nikki would you like take a pic
- Nikki choose object

Communication Style: Verbal communication, uses communication device

Learning Style: through practice and repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: sulfa drugs No Meds with sulfa
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: bite sized diet, eat independent, monitor sign of chokeing
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size pieces, reg plate, cup and utensil.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: trisomy -15 mosaic, Osteoporosis, Scoliosis oral apraxia, Hirsuttism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Nikki has one med a PAI, pour med into drink she has w/ lunch
Personal Cares: ☒ No ☐ Yes	Describe Supports: Will walk to bathroom herself assist to clen her peri, changing pads when soild.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Nikki ean independently prefers holding staff hand to walk - uses wedge while seated.
Community Support: ☒ No ☐ Yes	Describe Supports: hold hands while walking in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 minutes in bathroom, staff check periodically to see if she's done

Important to: Dad, Mom, Gracy cat, using computer, listen music, going on walks, using computer

Important for: communication device, maintain diet, visit friends, snack watching videos, Gracy cat

Likes: hungry and not having time. watch video and listen music.

Lead Review Completed: _AG_

Staff: Deanne Lepley
Date: 4-5-22

PAI

Service Recipient: Nikki Reiten
Service Span: March 2022 - March 2023

OUTCOMES:

Outcome #1: Daily Nikki will bring her dishes to dish bin & wash her face + hands 75% on all trials over 6mo period
Summarize Steps:
① After Nikki is done w/ lunch, staff prompt Nikki to bring dishes to dish bin & provide washcloth or wet wipes to wash face
② as Nikki follows through document as successful

Outcome #2: 3x wk Nikki will identify correct item w/ 80% time over 6mo period.
Summarize Steps: Present Nikki w/ 2 items wk
Ask Nikki to point

Outcome #3: 1x month choose object or scenery to take a picture 80% over 6 mo period
Summarize Steps: Staff ask Nikki to take photograph & choose object or scenery
Staff assist her taking photos

Communication Style: Verbal Paired w/ gestures

Learning Style: Practice + Repetition

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

Category	Supports
Allergies: ☒No ☐Yes (Sulfa drugs)	List & Describe Supports: Staff w/ admin med Sulfa & adjust none
Seizures: Epilepsy ☒No ☐Yes	Describe Supports: No history of Seizures
Choking: ☒No ☐Yes	Describe Supports: bite sized diet, eats independently Staff monitor for choking
Specialized Diet: ☒No ☐Yes	Describe Supports: Bite sized pieces, Ros plate, cup & utensils Staff offer main course 1st per guardian
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: Trisomy 15 mosaic Osteoporosis, Scoliosis, Oral apraxia Hirutism DNR/DNI: ☒No ☐Yes
Medication at PAI: ☒No ☐Yes	Describe Supports: 1 med at PAI. Staff pour into her drink at lunch & she finishes drink (med)
Personal Cares: ☒No ☐Yes	Describe Supports: Will walk to bathroom, Staff monitor to ensure seated + pants pulled down - 10 mins alone time. DO PRN Staff help change.
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Ambulate Indep. prefers holding Staff hand. Uses wedge while seated, Ensure is centered on chair
Community Support: ☒No ☐Yes	Describe Supports: Hold hand while in comm. Staff model appr safety & social skills
Sensory Support: ☒No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☒No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☒No ☐Yes	Describe Supports: 10 mins in bathroom then Staff check to see if done

Important to: mom, Dad, gracie her cat, using computer, listening to music being w/ friends

Important for: comm device, walking, Socializing w/ peers

Likes: going for walks, Snacks, cat, family, watching Youtube videos

Lead Review Completed: _____

Staff: Kyla M

Date: 4-5

PAI

Service Recipient: Nikki P

Service Span: March 22-23

OUTCOMES:

Outcome #1: Bring dishes to dish bin, wash face/hands   75%
Summarize Steps: When done w/ lunch staff will give wipe for Nikki to wash face/hands

Outcome #2: Identify day of week 80%
Summarize Steps: Staff w/ show Nikki 2 day/week card to have her pick what day it is

Outcome #3: Will choose object/scenery she will like to take a picture of
Summarize Steps: Ask what she wants to take picture of, staff will help take a picture

Communication Style: Verbal w/ gestures

Learning Style: Practice/Repetition

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

Category		List & Describe Supports
Allergies: ☒ No ☐ Yes		Sulfa drugs
Seizures: Epilepsy ☐ No ☐ Yes N/A		Describe Supports:
Choking: ☒ No ☐ Yes		Describe Supports: Bite sized diet, eat independently
Specialized Diet: ☒ No ☐ Yes		Describe Supports: Bite sized, staff will offer main course first but likes snacks dessert 2nd
Chronic Medical Conditions: ☒ No ☐ Yes	DNR/DNI: ☒ No ☐ Yes	List & Describe Supports: Trisomy 13 mosaic, O.
Medication at PAI: ☒ No ☐ Yes		Describe Supports: has one medication, pour meds in drink
Personal Cares: ☒ No ☐ Yes		Describe Supports: will walk to bathroom by self, staff will help with safety and pants
Mobility/Fall Risk: ☒ No ☐ Yes		Describe Supports: Ambulate but prefer to hold hands w/ staff or wheelchair
Community Support: ☒ No ☐ Yes		Describe Supports: Staff hold hands while walking, model appropriate social skills
Sensory Support: ☐ No ☐ Yes N/A		List & Describe Supports:
Behavior Support: ☐ No ☐ Yes N/A		List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes		Describe Supports: 10 min alone in bathroom/staff check in periodically

Important to: mom, dad, her cat, snacks, music, walks

Important for: communication device, balanced diet

Likes: walks, snacks, family cat, youtube videos

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: 4/5/22

PAI

Service Recipient: Nikki Reitan

Service Span: March 22—23

OUTCOMES:

Outcome #1: Daily, Bring dishes to the basin.
Summarize Steps:
Prompt Nikki to bring her dishes

Outcome #2: 3x week, will idenitfy the correct day of the week.
Summarize Steps:
Present Nikki with 2 days of the week, ask her to point.

Outcome #3: choose a object to take a photo of 1x monthly
Summarize Steps:
Ask Nikki if she wants to take a photo, help her choose.

Communication Style: understands verbal, communication device

Learning Style: Repitition, practice

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

Category	Supports
Allergies: ☒No ☐Yes	List & Describe Supports: Sulfa drugs
Seizures: Epilepsy ☒No ☐Yes	Describe Supports: no history
Choking: ☒No ☐Yes	Describe Supports: bite sized diet, eats independently
Specialized Diet: ☒No ☐Yes	Describe Supports: bite sized pieces, regular utensils, main course first
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: Trisomy 15 mosiac, Osteop. DNR/DNI: ☐No ☒Yes
Medication at PAI: ☒No ☐Yes	Describe Supports: one medication @ PAI
Personal Cares: ☒No ☐Yes	Describe Supports: Walk to bathroom herself, 10 minutes alone time
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: hand to hold to walk, wedge when seated
Community Support: ☒No ☐Yes	Describe Supports: hold hands when walking
Sensory Support: ☒No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☒No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☐No ☐Yes	Describe Supports: 10 minutes alone in the bathroom

Important to:
Mom, Dad, Gracie, computer, music, friends, snacks, walks

Important for:
communication device, walking, visiting

Likes: walks, friends, snacks, cat, youtube

Dislikes: no walks, hungry, no music time

Lead Review Completed:

Staff: Alice L. Cox
Date: 4/5/22

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

OUTCOMES:

Outcome #1: Daily bring dishes to bin + wash hands + face
Summarize Steps:
1. Staff will prompt as I give wet wipe 2) Praise + Document

Outcome #2: Three times a week state the Day,
Summarize Steps:
1) Offer 2 choices and I ask her,
2) Let her choose - Praise when correct or has correct choice.

Outcome #3: Once a month choose something on an outting choice.
Summarize Steps: to take a photo of,
Ask her + assist in camera in bag.

Communication Style: Verbal + Gestures Communication Device / Reads

Learning Style: Practice + Repetition

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

Category	Describe Supports
Allergies: ☒ No ☐ Yes	Sulpha Drug
Seizures: Epilepsy ☐ No ☐ Yes	NA
Choking: ☒ No ☐ Yes	Bite Sized, eat independently Staff trained 1st
Specialized Diet: ☒ No ☐ Yes	Bite Sized, Reg Plate + Cup - Entree 1st / AIDE
Chronic Medical Conditions: ☒ No ☐ Yes	Oral Phases — Osteoporsis Scolois 1S Mosiac DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Pour in lunch drink - must drink all
Personal Cares: ☒ No ☐ Yes	Walk to BR independently help get to toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Walk in dependently - May require assistance + pull pants down, Clean as needed
Community Support: ☒ No ☐ Yes	1-1 Full assist + Protection
Sensory Support: ☐ No ☐ Yes	NA
Behavior Support: ☐ No ☐ Yes	NA
Unsupervised Time: ☒ No ☐ Yes	10 mins in bathroom - staff check

Important to: Mom, Dad, Gracie Cat, Friends, Computer, Walks, Snacks

Important for: Communication Device, Family, Staff, Walking, Balanced Diet

Likes: Friends, Cat, Family, Snacks, Walks, Videos

Dislikes: Hungry, No Music time,

Lead Review Completed: AS

Staff: Colette Rice   **PAI**   Service Recipient: Nikki Reitan
Date: 4.5.02   Service Span: March 22 → 23

OUTCOMES:

Outcome #1: daily will bring dishes to the basin
Summarize Steps: Prompt nikki to bring her dishes

Outcome #2: 3x week will identify the Correct day of the
Summarize Steps: Present nikki w/ 2 days   week
of the week

Outcome #3: 1x month choose object to take a photo
Summarize Steps: ask Nikki if she wants to take photo

Communication Style: Communication device

Learning Style: Practice, Repitition

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

Category	List & Describe Supports
Allergies: ☒ No ☐ Yes	Sulfa drugs
Seizures: Epilepsy ☒No ☐ Yes	N/A
Choking: ☐No ☐ Yes	Bite Size diet monitor signs of Choking
Specialized Diet: ☒ No ☐ Yes	Bite Size pieces regular plate and utensils
Chronic Medical Conditions: ☒ No ☐ Yes	Trisomy is mosiac Osteoprosis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒No ☐ Yes	~~Trisomy~~ one medication @ PAI
Personal Cares: ☒No ☐ Yes	walk to bathroom, 10 min alone time
Mobility/Fall Risk: ☒No ☐ Yes	walks independetly while holding your hand
Community Support: ☒ No ☐ Yes	N/A
Sensory Support: ☒No ☐ Yes	N/A
Behavior Support: ☒No ☐ Yes	N/A
Unsupervised Time: ☐No ☐ Yes	10 min alone in bathroom

Important to: mom, dad, Cat, music, friends, Snack, walks

Important for: Communication device, Walking, Staff

Likes: walks, visiting friends, cats, youtube

Dislikes: not being able to go on walks being hungary

Lead Review Completed: ☒

OUTCOMES:

Outcome #1: Daily Nikki will bring her dishes bin/wash face/hands
Summarize Steps: If Nikki is done with lunch staff will ask Nikki to bring dishes to bin and provide a washcloth

Outcome #2: Identify correct day of week
Summarize Steps: 1) show nikki 2 days 2) Ask to point to correct day

Outcome #3: 1x monthl Nikki choose photo in comm
Summarize Steps: Staff ask Nikki what to take pic of. Staff assists Nikki in taking photo

Communication Style: verbal, comm device

Learning Style: practice, rep, read

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa drugs - do not admin
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: NIA
Choking: ☐ No ☐ Yes	Describe Supports: bite sized diet, eat independantly
Specialized Diet: ☐ No ☐ Yes	Describe Supports: reg plate, cup, utensils, offer main food first
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Osteoprosis, scoliosis, Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pour Nikki's med into drink, makes sure she finishes drinks
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walks alone, helps w/ sitting / pants down
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate, prefers to hold hand, use wedge seat
Community Support: ☒ No ☐ Yes	Describe Supports: Holds hand when walking in comm
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: NIA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: NIA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: 10 min in Br, staff check in

Important to: mom and dad, Gracie, snacks, going on walks

Important for: Comm device, walking

Likes: Walks, snacks, youtube, cat, family

Lead Review Completed: AS

Outcomes:

Outcome #1: Daily, Nikki bring her dishes to the bin and wash her face & hands 75%.

Summarize Steps: After Nikki is done with lunch, staff will prompt Nikki to bring her dishes to the bin & provide a wash cloth or wet wipe to wash her face.

Outcome #2: 3x a week, Nikki will identify the correct day of the week.

Summarize Steps:
Staff will present Nikki with two days of the week.
Staff will ask Nikki to point to what day of the week it is.

Communication Style: Nikki understands verbal communication, especially when paired with gestures. Use comm. device.

Learning Style:
Practice & Repetition

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa Drugs
Seizures: ☒ No ☐ Yes	Describe Supports: No History
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet, she can eat independently, staff will Monitor for signs of choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, uses reg plate, cup, & utensils.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy-15 mosaic, Osteoporosis, Scoliosis, Oral Apraxia, Hirsutism. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: One med @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Will walk to bathroom herself, staff accompany to ensure safety, checking periodically to see down.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate independently prefers holding hand to walk. Staff hold hand & guide when walking.
Community Support: ☒ No ☐ Yes	Describe Supports: Hold hands while walking in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 min of alone time in the bathroom

Important to: Mom, Dad, Gracie her cat, using a computer, listening to music, & being w/ her friends, helping staff w/ tasks, snacks. & going on walks.

Important for: comm device, maintaining a balanced diet, walking, having staff that are familiar to her & socializing w/ her peers.

Likes: walks, visiting w/ friends, snacks, Gracie her cat, her family & watching youtube

Dislikes: Not able to go on walks, being hungry, not having time to watch videos or listen to music

Lead Review Completed: AS

#3: Once a month, Nikki will choose an object or scenery. She would like to take a photograph of while in the community with 80%.

OUTCOMES:

Outcome #1:	daily, Nikki will bring dishes to bin, wash face + hands
Summarize Steps:	Prompt Nikki to bring dishes to bin, wash hands + face over 75%

Outcome #2:	3x week Nikki will identify correct day
Summarize Steps:	Staff present 2 days, Nikki will choose correct day

Outcome #3:	Choose object or scenery item to photograph in
Summarize Steps:	community

Communication Style: verbal, gestures, communication device,

Learning Style: Practice + repetition

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

Allergies: ☒No ☐Yes	List & Describe Supports: Sulfa		
Seizures: Epilepsy ☒No ☐Yes	Describe Supports: N/A		
Choking: ☒No ☐Yes	Describe Supports: bite size, independent eating, monitor for choking		
Specialized Diet: ☒No ☐Yes	Describe Supports: bite size, reg plate cup, utensils		
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: tristomy 15-, osteoporosis, scoliosis, oral apraxia, hirsutism	DNR/DNI: ☒No ☐Yes	
Medication at PAI: ☒No ☐Yes	Describe Supports: one @ PAI		
Personal Cares: ☒No ☐Yes	Describe Supports: Walk to bathroom, accompany to make sure safely sit down/stand up		
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: ambulatory, hold hand, rail when walking		
Community Support: ☒No ☐Yes	Describe Supports: hold hand while in community		
Sensory Support: ☒No ☐Yes	List & Describe Supports: N/A		
Behavior Support: ☒No ☐Yes	List & Describe Supports: N/A		
Unsupervised Time: ☒No ☐Yes	Describe Supports: 10 min alone time in restroom		

Important to:
mom, dad, gracie, walks, music, snacks, friends

Important for: comm device, balanced diet, walking, have familiar staff, socialize w/ peers, snacks

Likes:
Walks, friends, Gracie, family, watching youtube

Lead Review Completed: _____

OUTCOMES:

Outcome #1: Daily, Nikki will bring dishes to dish bin, wash face + hands
Summarize Steps:
- Once done eating, staff will have place dishes in bin + wash face/hands

Outcome #2: 3x/week, Nikki will identify the correct day of the week
Summarize Steps:
- Staff show Nikki two days of the week   - If incorrect, staff will tell the day
- Nikki will point to what day if is

Outcome #3: Once/month, Nikki will choose an object to take a picture of in the community
Summarize Steps:
- Staff will ask if she wants to take a picture   - Staff assist
- Will choose what of

Communication Style: Understands verbal, gestures, communication device

Learning Style: Practice + Repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa - Will not administer meds with Sulfa
Seizures: Epilepsy ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet - Monitor for signs of ~~medical~~ choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite Sized Pieces - Eats independently, staff monitor for signs of choking
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy-18 mosaic, osteoporosis, oral apraxia, Hirsutism DNR/DNI: ☒ No ☐ Yes - Staff monitor for symptoms + report concerns
Medication at PAI: ☒ No ☐ Yes	Describe Supports: 1 med @ PAI - Pour med into drink with lunch
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walk to restroom - Staff assure fully seated + pants fully down to min alone time - Staff check periodically
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate independently but prefers to hold staffs hands - Staff will hold hand + guide while walking. - Uses wedge when seated
Community Support: ☒ No ☐ Yes	Describe Supports: Holds hands while walking in community. 1:1 with staff - Model appropriate safety + social skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: 10 min alone in bathroom - Staff check periodically

Important to: Mom, Dad, Cat, computer, music, snacks, walking

Important for: Walking, ~~visiting~~ communication device, diet, Socializing

Likes: going for walks, ~~being hungry~~, Socializing, Youtube

Lead Review Completed: _____

OUTCOMES:

Outcome #1: _(handwritten, illegible)_
Summarize Steps: _(handwritten, illegible)_

Outcome #2: _(handwritten, illegible)_
Summarize Steps: _(handwritten, illegible)_

Outcome #3: _(handwritten, illegible)_
Summarize Steps: _(handwritten, illegible)_

Communication Style:

Learning Style:

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: _(handwritten, illegible)_
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: _no history of seizures_
Choking: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Specialized Diet: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: _Trisomy ... apraxia_ DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Personal Cares: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Community Support: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: _N/A_
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _N/A_
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: _(handwritten, illegible)_

Important to: _(handwritten, illegible)_

Important for: _(handwritten, illegible)_

Likes: _(handwritten, illegible)_

Lead Review Completed: _____

In-Service Training Log – Oakdale

![PAI logo]

Date: 4-5-2022

Type of Meeting: All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Ashleigh Shirley Program supervisor			Competency review for Nikki R.

Make up Date	Initial	EE ID	Last Name
4/8/2022	Mbp		Basurto-Poferl, Mari
	SB		Berglund, Sara
04/07/22	AD		Diaz, Amanda
	PD		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	NJ		Larson, Nancy

Make up Date	Initial	EE ID	Last Name
4/7/22	TL		Lorsung, Tristen
	SN		Nierad, Shelly
	JP		Pratt, Jalysa
4/8/22	DSt		St. Martin, Deb
	MS		Sweeney, Maurita
	KP		Perry, Kathy

Make Up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
	CH		Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

Competency Tracking Form
Oakdale

Participant: Nikki Reitan   **Annual Service Span:** March 2022-March 2023

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

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

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

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
4|8|2022	SB	Berglund, Sara	4/5/22	MS	Sweeney, Maurita
	MBP	Basurto Poferl, Mari	4-5-22	KP	Perry, Kathy
04/07/2022	AD	Diaz, Amanda			
	Pd	Dyer, Paris			
4.11.2022	EE	Elsenpeter, Emily			
	AFM	Fierro-Montes, Alfredo			
	TG	Gould, Trey			
	UX	Hartman, Lisa			
		~~Kealy, Vanessa~~			
	NY	Larson, Nancy			
4/7/22	TL	Lorsung, Tristen			
	SN	Nierad, Shelly			
4/5/2022	JP	Pratt, Jalysa			
4/8/2022	DM	St. Martin, Deb			

Date Uploaded to LMS: _____

Staff: Emily Eisenpeter
Date: 4.11.2022

PAI

Service Recipient: Nikki Retain
Service Span: March 2022- March 2023

OUTCOMES:

Outcome #1: Bring dishes to bin & wash face & hands
Summarize Steps: Prompt, privide washcloth/wet wipe

Outcome #2: Identify correct day of the week
Summarize Steps: present 2 days, ask to point, inform if incorrect

Outcome #3: choose object or scenery to take pic while in community
Summarize Steps: Ask if would like to take photo, choose object/scenery, assist

Communication Style: understands verbal, paired w/ gestures. uses communication device

Learning Style: practice & repitition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Sulfa drugs, staff don't administer sulfa meds
Seizures: Epilepsy ☐No ☐ Yes	Describe Supports: N/A
Choking: ☑No ☐ Yes	Describe Supports: Bite sized, independent, monitor signs of choking
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite sized, regular plate, cup & utencils offer main course 1st
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Trisomy 15 mosaic, osteoporosis, oral apraxia, hirsutism. Monitor symptoms & report concerns DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: pour med into drink w/ lunch ensuring finish lunch
Personal Cares: ☑ No ☐ Yes	Describe Supports: Walk to restroom herself, accompany for pants fully down & safely seated, 10 min alone (checking), cleaning, pulling up pants
Mobility/Fall Risk: ☑No ☐ Yes	Describe Supports: Independent - prefers staff. guide on uneven, icy, wet ground, or crowded areas. Wedge when seated, leans center. change chars
Community Support: ☑No ☐ Yes	Describe Supports: Hold hands, model safety/social skills
Sensory Support: ☐No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑No ☐ Yes	Describe Supports: 10 min in bathroom, checks

Important to: Mom, dad, gracie (cat), computer, music, friends, helping

Important for: Communication device, balanced diet, walking, familiar stuff

Likes: walks, visiting friends, Gracie, snacks, YouTube

Lead Review Completed: AS

Outcomes:

Outcome #1: Daily Nikki bring dishes to dish bin + wash face + hands 75% - 6 mos
Summarize Steps: after done w/ lunch prompt Nikki to bring dishes to bin + provide washcloths.

Outcome #2: 3x week Nikki identify correct day of week - 80% - 6 mos
Summarize Steps: Present w/ 2 days of week
assist to point to what day it is
If incorrect verbally inform

Communication Style: Verbal especially paired with gestures
communication device - staff ensure access to comm device.

Learning Style: practice q repetition

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

Category		Describe Supports
Allergies: ☒No ☐Yes	List & Describe Supports:	Sulfa drug -
Seizures: ☐No ☐Yes	Describe Supports:	n/a no history of seizures
Choking: ☒No ☐Yes	Describe Supports:	bite sized diet - eats independently, monitor for signs of choking - abdominal thrusts
Specialized Diet: ☒No ☐Yes	Describe Supports:	Bite size pieces - reg plate, cup + utensils - offer main course first per guardian
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports:	Trisomy - 15 mosaic, Osteoporosis, DNR/DNI: ☒No ☐Yes Scoliosis, oral apraxia, hirsutism
Medication at PAI: ☒No ☐Yes	Describe Supports:	1 med @ PAI - staff pour in drink @ lunch ensuring beverage is finished
Personal Cares: ☒No ☐Yes	Describe Supports:	walks to bathroom herself, staff accompany to ensure safely seats + pants fully down - 10 min alone time, assist in cleaning
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports:	Ambulates independently, prefers holding staff hand to walk, uses wedge while seated, tends to lead to side
Community Support: ☒No ☐Yes	Describe Supports:	Hold hand while walking in community, staff model appropriate safety + social skills
Sensory Support: ☒No ☐Yes	List & Describe Supports:	n/a
Behavior Support: ☒No ☐Yes	List & Describe Supports:	n/a
Unsupervised Time: ☒No ☐Yes	Describe Supports:	10 min alone time in bathroom - check periodically.

Important to: Mom, Dad, Gracie her cat, computer, music, being w/ friends, helping staff w/ tasks, snacks, walks

Important for: comm device, balanced diet, walking, familiar staff, socializing w/ peers

Likes: walks, friends, snacks, gracie her cat, family, youtube videos

Dislikes: not going for walks, being hungry, not having time to watch videos or listen to music

Outcome 3 - 1x month choose object in scenery she would like to photograph in community
80% - 6 mos
ask to take photo - Nikki choose object in scenery -
staff assist to take photo

Lead Review Completed: AS

Staff: Sara B
Date: 4/8/2022

PAI

Service Recipient: NR
Service Span: _____

Outcomes:

Outcome #1: Bring dishes to dish bin, wash face & hands
Summarize Steps: Prompt provide wash clothes
choose object as sensory cheese, staff coss st

Outcome #2: Will identify the correct day of week
Summarize Steps: 2 days of week
prompt to one assure her whichone is correct.

Communication Style:
Uses comm. device understands verbal comm.

Learning Style:
practice & repetiton

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: sulfa drugs
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Bite size diet eat independenly.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: reg plate cup utensils
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: scoliosis hirsutism & osterprosis DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: one med @ Pai-Mar
Personal Cares: ☑ No ☐ Yes	Describe Supports: assistance when needed 10 min alone. check 1:1
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: hold staff hand independtly assure she is centered
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 while in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 10 min in bathroom check

Important to: family, computers music.

Important for: walking family ~~things~~ staff comm device

Likes: walks snacks visiting

Dislikes: no walks hungray no time to listen to music.

Lead Review Completed: AS

OUTCOMES:

Outcome #1: Nikki will bring her dishes to the dish bin and wash her face and hands

Summarize Steps:
- prompt
- provide a washcloth

Outcome #2: Will identify the correct day of the week

Summarize Steps:
- present 2 days of week
- prompt to point to one
- assure her which one is correct afterwards

Outcome #3: will choose an object or scenery she would like to take a photo of while in the community

Summarize Steps:
- ask if she would like to
- choose
- staff assist

Communication Style: uses comm. device, & understands verbal comm.

Learning Style: practice & repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: sulfa drugs
Seizures: Epilepsy ☐ No ☐ Yes N/A	Describe Supports: No history
Choking: ☒ No ☐ Yes	Describe Supports: Bite size diet, eat independently,
Specialized Diet: ☒ No ☐ Yes	Describe Supports: regular plate, cup, and utensils.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, hirsutism, and osteoporosis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: One medication at PAI - MAR.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff provide assistance when needed, 10 mins alone; check periodically, 1:1
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: holds staff hand independently, assure she is centered
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 mins alone time in bathroom, check on periodically.

Important to: Family, computer, music

Important for: walking, familiar staff, comm. device

Likes: walks, visiting, snacks

Lead Review Completed: AK

OUTCOMES:

Outcome #1: Daily, Nikki will bring her dishes to the dish bin and wash her
Summarize Steps: face and hands in 75% of all trials over a 6-month period.
- After lunch is finished, staff will prompt to bring dishes to dish bin
  give wash cloth and wash face
- If follows through then it was successful

Outcome #2: Three times a week, will identify the correct day of the week
Summarize Steps: in 80% of trials
- give 2 days of the week
- point to which day

Outcome #3: Once a month, Nikki will choose an object or scenery she would
Summarize Steps: like to take a photograph of while in the community in 80% of all trials over
a 6 month period
- would you like to take a photo
- choose object or scenery she would like to take a photo of

Communication Style: Verbal communication, especially when paired w/gestures, comm device

Learning Style: pratice & repetition

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

Allergies: ☑No ☐ Yes	List & Describe Supports: sulfa Drugs
Seizures: Epilepsy ☑No ☐ Yes	Describe Supports: NA
Choking: ☑No ☐ Yes	Describe Supports: Bite sized diet
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite size pieces, uses regular plate, cup, & utensils
Chronic Medical Conditions: ☑No ☐ Yes	List & Describe Supports: Trisomy-18 mosaic, osteoporosis, scoliosis, oral, apraxia, Hirsutism DNR/DNI: ☑No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Has one medication @ PAI, med is given in a beverage @ lunch
Personal Cares: ☑ No ☐ Yes	Describe Supports: will walk to bathroom alone (herself) staff will accompany to make sure she is seated correctly. 10min alone assit wiping peri area
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Ambulate alone uses wedge while seated
Community Support: ☑No ☐ Yes	Describe Supports: Holds hand while walking in community
Sensory Support: ☑No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☑No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑No ☐ Yes	Describe Supports: 10 mins of alone time in bathroom, staff check periodically to see if she is done

Important to: Mom, dad, her cat, computer, music

Important for: Communication device, balanced diet, walking

Likes: going for walks, visiting w/friends, snacks, cat, family

Lead Review Completed: AB

OUTCOMES:

Outcome #1: 75%
Summarize Steps: Bring dishes to dish pan and wash face & bring items to dust bin. if she follows through document as successful.

Outcome #2:
Summarize Steps: 3X week identify day of week 80%
staff present 2 days a week
let Nikki pick correct cut

Outcome #3: 1x per month
Summarize Steps: choose object or scenery that Nikki would like to take photo. - Ask Nikki and staff will help

Communication Style: Verbal, gesture, device (comm)

Learning Style: practice + repetition.

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa drugs. -
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: bite size diet, independent - watch her
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size pieces - Reg Plate, Cup, utensils-
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy 15 mosaic, osteoporosis, apraxia. Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: 1 caffeine med - staff follow protocol
Personal Cares: ☒ No ☐ Yes	Describe Supports: sanitary pads walk to cares room - staff accompany + assist cleaning
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wedge while seated. ambulate independently - likes staff hand or w/c to hold.
Community Support: ☒ No ☐ Yes	Describe Supports: staff assist and model appropriate skills in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 min alone time in bathroom. Staff check + assist cleaning

Important to: walks
mom, dad, gracie, friends, music, helping w/ tasks, snacks

Important for:
Comm device, walking, socializing,

Likes:
walks, friends, visits, cat, family, utube videos, computer

Lead Review Completed: _____

OUTCOMES:

Outcome #1: Daily Nikki will bring dishes to dish ban & will wipe her face
Summarize Steps:
- staff will prompt Nikki to dishes
  and after wash cloth to wash face

Outcome #2: Three times a week Nikki will identify the day of the week
Summarize Steps:
- staff will give Nikki two cards with days of the week
- if guesses incorrectly staff will inform Nikki the correct day of the week.

Outcome #3: Once a month Nikki will choose to take a photo
Summarize Steps:
- while in community or outing
- staff will ask what she wants to take photo of & assist her

Communication Style: Verbal communication along w/ gestures, uses communication device

Learning Style: practice & repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa drugs, will not administer meds w/ sulfa
Seizures: Epilepsy ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: has bite-sized diet & eats independently
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite-sized pieces, regular plate & coated utensils
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy 15, scoliosis, oral apraxia, concerns staff to house DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Pours med into drink she has at lunch, ensure she finishes it
Personal Cares: ☒ No ☐ Yes	Describe Supports: will walk to bathroom by self, staff assist, 10 minutes alone time
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Nikki can ambulate independently but prefers staff support, very weak when seated, staff ensure she is centered while seated
Community Support: ☒ No ☐ Yes	Describe Supports: Staff hold hands while in community & demonstrate proper behavior
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 minutes alone time in bathroom

Important to: her parents, eating, using computer, music, helping staff, snacks & walks

Important for: Her communication device, walking, balanced diet, familiar staff & socializing.

Likes: walks, visiting w/ friends, snacks, & youtube videos

Lead Review Completed: AS

OUTCOMES:

Outcome #1: Daily, Nikki will bring her dishes to the dish bin
Summarize Steps: When Nikki is done with her lunch, staff prompt her to bring dishes to dish bin.

Outcome #2: 3x a week, Nikki will identify the correct day of week.
Summarize Steps: Staff present Nikki w/ 2 days of the week, if wrong staff show correct day.

Outcome #3: Once a month, Nikki will choose an object/scenery to photograph.
Summarize Steps: Staff assist Nikki in taking a photo

Communication Style: Verbal, comm device

Learning Style: Routine / Repitition

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

Allergies: ☒No ☐Yes	List & Describe Supports: Sulfa Drugs, staff will not administer Sulfa Drugs.
Seizures: Epilepsy ☐No ☐Yes	Describe Supports: N/A
Choking: ☒No ☐Yes	Describe Supports: Bite size diet, abdominal thrusts if choking.
Specialized Diet: ☒No ☐Yes	Describe Supports: offer main course first, bite size diet.
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: DNR/DNI: ☒No ☐Yes Trisomy 15 mosiac, Osteoperosis, Scoliosis, Oral Apraxia
Medication at PAI: ☒No ☐Yes	Describe Supports: One med at PAI, staff pour into drink.
Personal Cares: ☒No ☐Yes	Describe Supports: Will walk to bathroom herself. Staff assist in cleaning, 10 min of alone time.
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Can Ambulate independently, prefers to hold staff hand.
Community Support: ☒No ☐Yes	Describe Supports: Holds hands while walking in community.
Sensory Support: ☐No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☐No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☒No ☐Yes	Describe Supports: 10 min alone in bathroom, staff check if she is done.

Important to: Mom, Dad, cat, computer, Music, friends, walks

Important for: Comm Device, balanced diet, walking, socializing.

Likes: walks, cat, family, youtube.

Lead Review Completed: _____

OUTCOMES:

Outcome #1: Daily bring dishes to dish bin. **Summarize Steps:** Staff prompt to bring her dishes to bin.	

Outcome #2: Three times week will identify correct day of week. **Summarize Steps:** Staff present with 2 cards, she picks, if wrong staff show her correct day.	

Outcome #3: Once month choose object/scenery she would like to take a photo. **Summarize Steps:** staff ask her.	

Communication Style: Verbal, gestures, Communication device

Learning Style: Practice, repetition, some reading ⇧

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa drugs Will not administer
Seizures: Epilepsy ☒ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite size, eats independently Staff will perform abdominal thrust if choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size, Regular plate, cup, utensils Offer main course first.
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Osteoporosis, Scoliosis, **DNR/DNI:** ☒ No ☐ Yes Moniter, report concerns to residence
Medication at PAI: ☒ No ☐ Yes	Describe Supports: 1 medication at PAI pour into drink ensure she finishes beverage.
Personal Cares: ☐ No ☐ Yes	Describe Supports: (Staff on check her) Walks to bathroom 10min alone time Staff make sure pants fully down/clean
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulates independently prefers to hold staff hand. Uses wedge when seated.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff hold hands while walking in Community. Model behavior
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: ~~10 minutes~~ N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 mminuts alone time. Staff will check on her.

Important to: walks	Mom, Dad, cat, music, friends, computer snacks
Important for:	Communication device, balanced diet, familiar staff, social.
Likes:	walks, friends, cat, family, youtube,

Lead Review Completed: _____

OUTCOMES:

Outcome #1: Summarize Steps:	Bring dishes to dishbin and wash face in 75% of all trials • Provide washcloth
Outcome #2: Summarize Steps:	Identify correct day of week in 80% or more trials over 6 month • Present 2 days of week • Staff ask to point to which one
Outcome #3: Summarize Steps:	Will choose an object or scenery she would like to take a photograph of • Choose scenery
Communication Style:	Understands verbal with gesture Comm device
Learning Style:	Practice, repitition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa drugs dont administer
Seizures: Epilepsy ☒ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet, eat independently, monitor for choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized pieces, regular cups, plates, offer main course first
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy, Osteoporosis, Scoliosis, apraxia, Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: One medication, med into drink
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walk to restroom byself, staff accompany, 10 min alone time, staff assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate independentely, likes holding onto staff hand, Centered
Community Support: ☒ No ☐ Yes	Describe Supports: Hold hands while walking in the Community
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 min in bathroom, staff check periodically
Important to:	mom, dad, gracie, cat, computer, snacks, walks
Important for:	Comm devices, walking, familiar staff, Socializing,
Likes:	walks, visiting, snacks, youtube, cat

Lead Review Completed: AG

OUTCOMES:

Outcome #1: Daily she will bring her dishes to the sink, wash her
Summarize Steps: face & hands.
• staff will prompt Nikki to bring her dishes
•

Outcome #2: 3x week Nikki will identify the correct day of
the week.
Summarize Steps: • staff will present Nikki with 2 days of the wk.

Outcome #3: Once a month, Nikki will choose an object or scenery
she would like to take a photo of
Summarize Steps: • Staff will ask Nikki if she would like to take a photo

Communication Style: verbal communication, comm device

Learning Style: practice + rep.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa Drugs
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized diet, she can eat independently perform ab thrust if choking.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized diet, reg plate, cup, and utensils
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy 15 mosaic, Osteo, DNR/DNI: ☒ No ☐ Yes Scoliosis, oral apraxia, Hirsutism
Medication at PAI: ☒ No ☐ Yes	Describe Supports: One med @ pai. Staff pour med into cup ensure she drinks all.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independently uses the btrm. Staff will accompany her to ensure safety. 10 min alone time.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulate independently perfers staff hand. will assist per wheather conditions. Uses a wedge when seated
Community Support: ☒ No ☐ Yes	Describe Supports: Hold hands while out in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 mins of alone time, periodically check on her.

Important to: Family, her cat, Friends, walks, helping.

Important for: Comm device, balanced diet, socializing w/ peers, walking.

Likes: walks, visiting friend, snacks, her cat

Lead Review Completed: AS

OUTCOMES:

Outcome #1: Daily bring dishes to dish bins wash her face & hands

Summarize Steps: When done & hand prompt to bring dishes to dish bin & provide wash cloth
& is follow them

Outcome #2: 3x wk identify correct day of the week

Summarize Steps: present 2 days of wk   pt to what day of wk (visia)
follow thru ✓

Outcome #3: 1x mth - choose object/scenery to take picture of in commun. while in commun

Summarize Steps: ask what to take pict. of - choose object/scenery

Communication Style: verbal (understands), comm. device

Learning Style: practice/repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: sulfa - do not give + comm. resid.
Seizures: Epilepsy ☐ No ☐ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: bite size diet - eat independently watch for s/s of choking - 1st
Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite size reg plate utensils main course 1st prefers dessert
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Trisomy 15 mosaic, osteoporosis scoliosis - monitor, report to residence DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: 1 @ PAI put in drink at lunch - needs to finish
Personal Cares: ☑ No ☐ Yes	Describe Supports: walks to bathroom by self - accompany - safe. 10 mts alone time - help clean up, pull pants is pad (period)
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Ambulates ind. holds staff hand/w/c - guide on uneven/seated - leans to side (use wedge)
Community Support: ☑ No ☐ Yes	Describe Supports: hold hand in commun - model safety/social skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 10 mts in bathroom (periodic ✓ - see if done)

Important to: Mom, dad, art, computer music snacks walks

Important for: comm. device, balanced diet, walking, socializing & peers

Likes: going for walks, snacks, cats family youtube

Lead Review Completed: _____

Staff: Paris Dyer

Date: 4/5/22

PAI

Service Recipient: Nikki R.

Service Span: _____

OUTCOMES:

Outcome #1: Daily Nicki will bring dishes to dish bin to wash her face

Summarize Steps: After lunch Nicki staff will prompt Nicki to bring dishes to dish bin Mask as out achieved if she completes

Outcome #2: 3x a week Nicki will identify correct day of the week

Summarize Steps: present with 2 days a weeks point to day of week. achieved if follow through

Outcome #3: Once a month, Nicki, will choose object or scenery, she would

Summarize Steps: like to take photo of white in community. Staff will as Nicki if she wants to take photo Nicki will choose

Communication Style: Verbal, device

Learning Style: repetition, practice

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: No history
Choking: ☒ No ☐ Yes	Describe Supports: Bite size diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized piece, regular cup and utensils
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Trisomy 15 mosaic, Osteoporosis, Scoliosis oral apraxia, Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Pour med into drink white at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walks alone ensure safety, fully seated and pants down
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Independent but likes to hold staffs hand
Community Support: ☒ No ☐ Yes	Describe Supports: hold hand with staff. Staff model safety and social skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 10 mins of alone time in bathroom, check on her

Important to: friends, family, walks, cats, task

Important for: balanced diet, familiar staff, socializing

Likes: you tube, cat, family

Lead Review Completed: _____