In-Service Training Log – Oakdale

Date: 4-12-2022

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	Maddy Kessler Program Supervisor			Competency review for Nhia V.
.50	Emily Elsenpeter Program Supervisor			Competency review for Rick M.
.25	Emily Elsenpeter Program Supervisor			Misc information:Audit

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	PD		Dyer, Paris
4-13-22	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	NL		Larson, Nancy

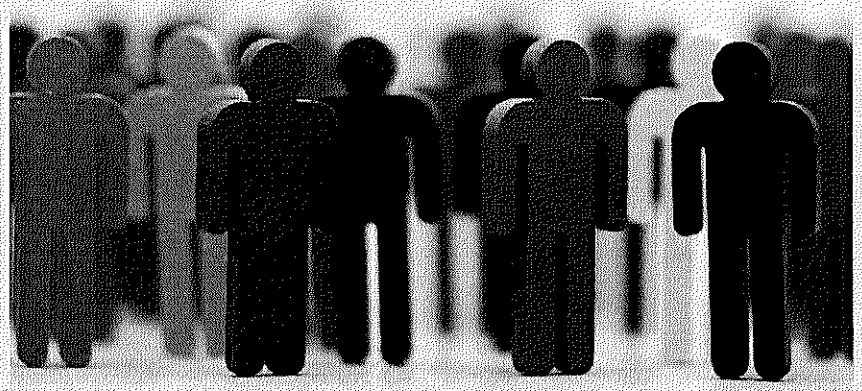
Make up Date	Initial	EE ID	Last Name
	TL		Lorsung, Tristen
	SN		Nierad, Shelly
	JP		Pratt, Jalysa
	DST		St. Martin, Deb
	MS		Sweeney, Maurita
	KP		Perry, Kathy

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

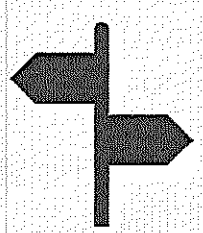
Make up Date	Initial	EE ID	Other Attendees

PAI-Linden/Oakdale Team Meeting

4/12/2022

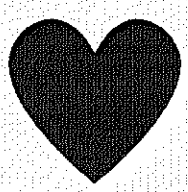


Welcome



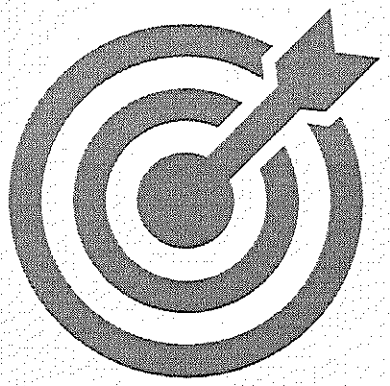
Sign In

Introductions



A moment of gratitude

Agenda

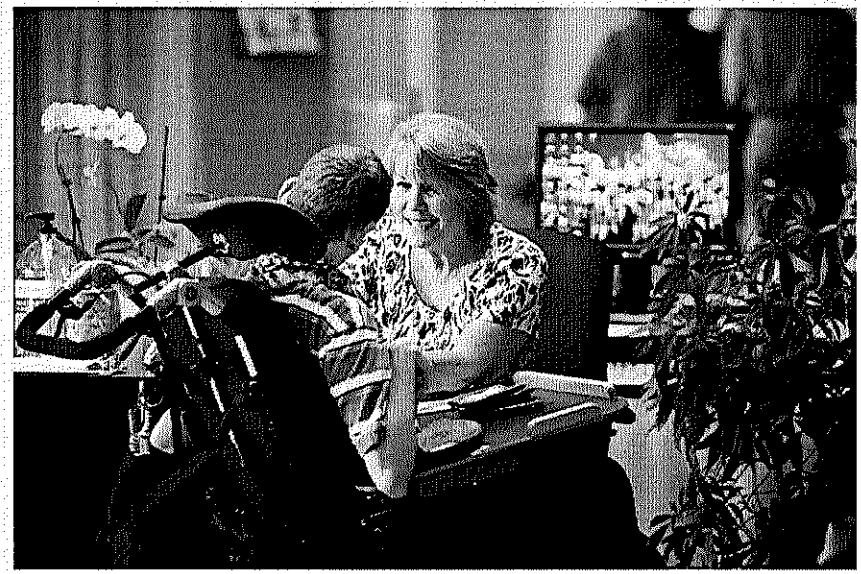


Welcome
Site-Specific Updates
Agency-Wide Updates
Competency Reviews

Wrap Up

Site-Specific Updates

Rescue meds should be double locked: locked in med box, in locked med cabinet



Agency-Wide Updates

- PAI is currently in the process of being audited
  -Supervisors are working with HR to make sure staff files are up to date
  -Supervisors will also be editing paperwork and getting signatures from team members

[redacted]

Competency Reviews

Outcome #1: <u>Make group choices, given a verbal description of the group.</u>
Summarize Steps: Let Rick know it is time to pick a group activity, give description of the activity followed by a picture or the iPad.

Outcome #2: <u>Rick will choose a community outing</u>
Summarize Steps: Presented with scheduled outings, shown picture cards that represent an outing, Rick will make his choice using communication skills

Communication Style: Signing yes and shakes head no, moving away from things he doesn't like and towards those he enjoys. Indicates pleasure by smiling and displeasure by screaming. He responds to short verbal directives and physical cues.

Learning Style: Simple verbal cues and one step directions. Visual cues such as pictures and audio cues like timers. Learns through routine and repetition.

Richard Mitchell
March 2022-March 2023

Competency Reviews

Allergies: ■ No ☐ Yes	List & Describe Supports: Latex gloves, kiwi fruit, Keppra Staff will not administer Keppra, use latex gloves, and will not give Rick Kiwi fruit. Staff monitor Rick for p allergic reactions and report to his residence.
Seizures: ■ No ☐ Yes	Describe Supports: Potential risk of tonic/clonic seizures. If Rick were to have a seizure, 911 would be called if his seizure lasted longer than 5 minutes. His residence and guardian would be notified.
Choking: ■No ☐ Yes	Describe Supports: Repaired cleft palate and does not use his teeth effectively while chewing. Pureed diet with thickened liquids. Concerns will be communicated to residence.
Specialized Diet: ■ No ☐ Yes	Describe Supports: Pureed food and thickened liquids, divided plate, a shallow cup, adapted spoon, regular chair at the table, provided full assistance to eat and drink.

Richard Mitchell
March 2022-March 2023

Competency Reviews

Chronic Medical Conditions: ■ No ☐ Yes	**List & Describe Supports: DNR/DNI:** ■ No ☐ Yes Autism: Provided a consistent routine and supported in clear communication, cues and time for transitions concerns are reported to his team. Repaired cleft palate: Supported in eating safely. Nystagmus and Optic Nerve Atrophy: bring items closer to him and assistance with navigation, as needed.
Medication at PAI: ■ No ☐ Yes	**Describe Supports:** Rick takes a regularly scheduled medication while at PAI. Trained staff will administer Rick's medication
Personal Cares: ■ No ☐ Yes	**Describe Supports:** Rick wears briefs. He is supported by one staff using a pivot transfer onto the mat table as well as from the mat table back to his wheelchair.

Richard Mitchell
March 2022-March 2023

Competency Reviews

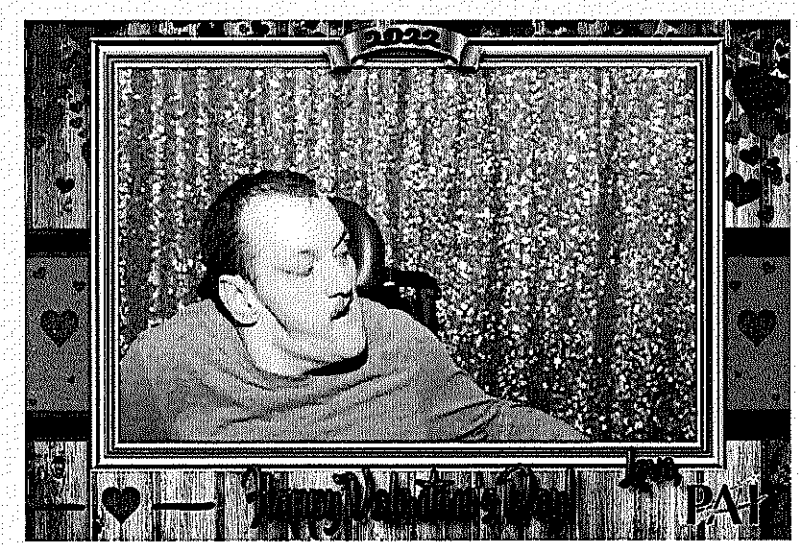
Mobility/Fall Risk: ■ No ☐ Yes	**Describe Supports:** Wheelchair, may propel himself short distances but requires staff assistance for long distances. Seatbelt when in his wheelchair, can transfer himself out of his wheelchair and from a regular chair onto the ground. Supported by one staff in a stand pivot to move from his wheelchair to a chair, two staff back to his wheelchair, from the floor
Community Support: ■ No ☐ Yes	**Describe Supports:** Staff will model pedestrian safety skills.
Sensory Support: ■ No ☐ Yes	**List & Describe Supports:** Tactilely defensive (feet, face, and underarms): Let Rick initiate all touch, unless required for health and safety. Communicate and provide cares in a quick and efficient manner. Legally blind: He appears to look for and seek objects with his side vision, but it is not known what he can see. Talk to Rick and offer large pictures for choice making.

Richard Mitchell
March 2022-March 2023

Competency Reviews

Behavior Support: ■ **No** ☐ **Yes**	**List & Describe Supports:** **Physical aggression**: May try to grab or bump into peers' wheelchairs or other items. Verbally ask Rick to be careful when getting close to peers or other objects, assist Rick to a safe place. **Verbal/Emotional aggression**: High pitched vocalizations when upset, usually presents if Rick is frustrated with cares, a change in his routine, or wanting to get on the floor. Offered preferred activities when he is displaying these behaviors, having access to his manipulatives, or time on the floor.
Unsupervised Time: ■ **No** ☐ **Yes**	**Describe Supports**: No unsupervised time.

Richard Mitchell
March 2022-March 2023



Competency Reviews

Important to: Personal space, time for transitions, and his preferred manipulatives, floor time, preferred foods and beverages.
Important for: Communicate in a safe manner. Bear weight and continue walking. Engage with others and try activities.
Likes: The tactile/auditory sensory of his preferred manipulative (handheld massagers and keyboards). Being out in the community, bowling, and socializing with others.
Dislikes: Being uncertain of what to expect or changes to the flow of his routine. Does not like having to be cleaned up or clothing changed.

Richard Mitchell
March 2022-March 2023

Competency Reviews

Nhia Vang

Outcome #1: Nhia will choose an activity to participate in once weekly **-Staff explain activities planned for the day** **-Give time to process** **-Staff observe for signs of interest** **-Staff assist Nhia to complete activity**
Outcome #2: Once a month, Nhia will choose a community outing he would like to participate in **-Staff verbally describe each destination** **-Give time to process** **-Observe for signs of interest** **-Assist in signing up**
Communication Style: Facial expressions, body language and vocalizations. Will smile if enjoying something, will cry or frown if uncomfortable or does not like the activity
Learning Style: Appears to be an auditory and kinesthetic learner

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine and Rocephin -Staff will avoid giving him medications with these ingredients
Seizures: ☒ No ☐ Yes	Describe Supports: Nhia has a seizure protocol and PRN seizure medication. Staff visually monitor for symptoms of a seizure
Choking: ☒ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order- All nutrition received via G-tube
Chronic Medical Conditions: ☒No ☐ Yes	List & Describe Supports: Scoliosis, Cerebral Palsy with Spastic Quadriparesis, Microcephaly, Osteopenia, GERD -Staff will monitor and report any concerns to residence o ☐ Yes DNR/DNI: ☒N

[redacted]

Personal Cares: ☒ No ☐ Yes	Describe Supports: Utilizes disposable brief and mat table. Transferred using in ceiling track system or two-person Hoyer -Staff observe Nhia and will assist him to wear clean and dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff use caution when transferring Nhia not to twist or turn him. Staff will put side rails up on mat table if not standing by him. Staff propel Nhia's chair for him.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff propel wheelchair and model appropriate pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed with Cortical Blindness and Open angle glaucoma. -Staff offer options at a close distance and verbally describe what they are showing him
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

[redacted]

Important to: Music, Being around peers, his culture, working with staff that know him well
Important for: NPO order, seizure protocol, working with people that know his communication styles
Likes: Listening to music, participating in activities of his choosing, going in the community, quiet environments
Dislikes: Being uncomfortable, loud noises, not being included in the group, having to do activities he does not enjoy

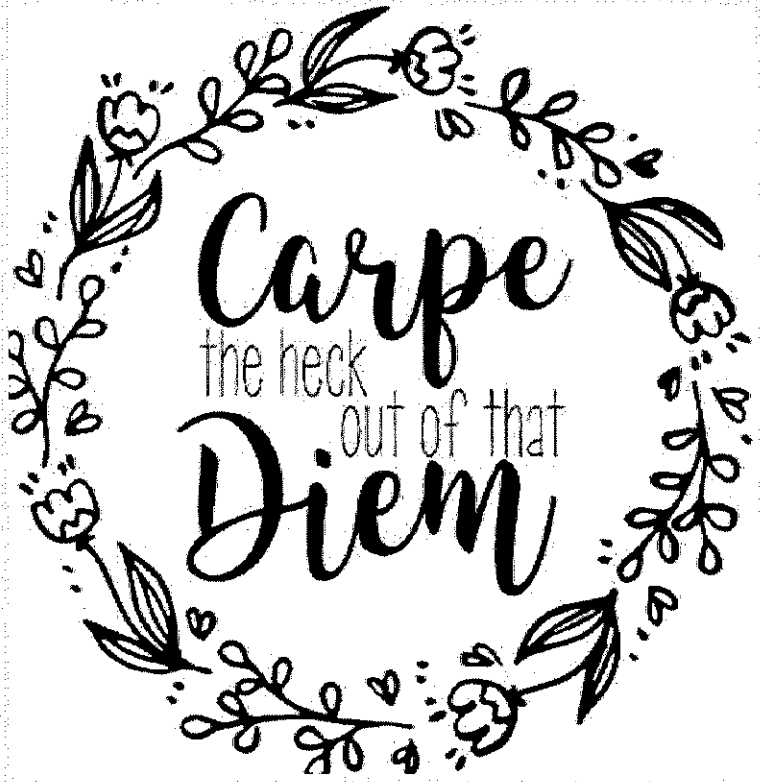
Wrap Up

Thoughts and feedback on new All-Staff

- Agenda
- Objectives
- Suggestions for continued improvement

Is there information you would like to provided at next meeting?

Any final thoughts?



Competency Tracking Form
Oakdale

Participant: Richard Mitchell **Annual Service Span:** March 2022-March 2023

Annual Meeting Date: 3.29.2022 **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
	SB	Berglund, Sara
	MBP	Basurto Poferl, Mari
4/12/22	AD	Diaz, Amanda
	Pd	Dyer, Paris
	EU	Elsenpeter, Emily
4-13-22	AFM	Fierro-Montes, Alfredo
	TG	Gould, Trey
	LH	Hartman, Lisa
		~~Keely, Vanessa~~
on Linden's	NL	Larson, Nancy
4/12/22	TL	Lorsung, Tristen
04/12/22	SN	Nierad, Shelly
4/12/22	JP	Pratt, Jalysa
4/12/22	DSM	St. Martin, Deb

Date Completed	Initials	Full Name
4/12/22	MS	Sweeney, Maurita
~~4-14-22~~	~~KP~~	~~Perry, Kathy~~

Date Uploaded to LMS: _____

Staff: Sam B
Date: 4/15/22

PAI

Service Recipient: Richard
Service Span: _____

Outcomes:

Outcome #1: make group choices given a verbal description
Summarize Steps: Let Richard know it is time for to pick a group. give description of the activity followed by pic of iPad.

Outcome #2: Choose a community outing.
Summarize Steps: present schedule of outings shown pic cards of outing.

Communication Style: Sign yes shake head no moves away from things he doesn't like towards things he enjoys smile happy scream mad. physical cues
Learning Style: simple verbal cues one step directions visual cues audio cues. routine 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: latex gives kiwi, keppra
Seizures: ☑ No ☐ Yes	Describe Supports: tonic/clonic seizures all longer than 5 min.
Choking: ☑ No ☐ Yes	Describe Supports: does not use teeth to chew. repaired cleft palate pureed diet thickened liquid
Specialized Diet: ☑ No ☐ Yes	Describe Supports: reg chair full asst. shallow cup pureed food thickeny liquids divided plate adapted spoon
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes autism repaired cleft palate nystagmus and optic nerve
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Reg med. scheduled
Personal Cares: ☑ No ☐ Yes	Describe Supports: briefs are staff pull tapers at sink mat table
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: seatbelt can't wafer himself out of chair. need pivot from chair 2 staff to get back into chair. propel short distance requires staff for long.
Community Support: ☑ No ☐ Yes	Describe Supports: model pedestrian safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: tactilely defensive feet face under arms legally blind
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: physical aggressions verbal/emo. aggression.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no unsupervised time

Important to: personal space transitions preferred manipulatives food beverages leisure time
Important for: communicate in safe manner continue to walk engage in other activities try community outing
Likes: tactile/auditory sensory has preferred manipulative seeing things of others
Dislikes: changes of routine having to be cleaned up clothing changes.

Lead Review Completed: _____

Staff: Mani DP

Date: 4-12-22

PAI

Service Recipient: Rick Mitchell

Service Span: 3-22/3-23

Outcomes:

Outcome #1: Make group choices given verbal description of choices.

Summarize Steps:
- give pictures or use ipad to show choices
- Allow time to make choice

Outcome #2: Rick will choose a community outing.

Summarize Steps:
- will be given pictures of choices & allowed time to use communication skills.

Communication Style: Will sign "yes" and shake head no, displeasure re-screams, will smile when happy.

Learning Style: Verbal & simple cues, visual cues, repetition & routine

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: latex gloves, keep a car Kiwi, will monitor for signs of allergic reaction
Seizures: ☒ No ☐ Yes	Describe Supports: Had potential risk for tonic clonic seizures 911 will be called for seizure > 5 minutes.
Choking: ☒ No ☐ Yes	Describe Supports: At risk due to cleft palette & doesn't use teeth effectively
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed food & thickened liquids, uses regular chair & requires full assistance.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Autism, provide consistent routine & communication repaired cleft palette, stigmas & optic nerve issues.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: taking meds, regularly scheduled while at PAI w/ trained staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears briefs and does pivot transfer onto mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses wheelchair may propel himself short distances, uses seatbelt & can transfer himself out of chair
Community Support: ☒ No ☐ Yes	Describe Supports: staff will model pedestrian safety skills.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile defensive on feet & arms, legally blind
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Rick may grab or throw items, very high pitched vocals when upset changes in routine - loss or wanted to go to or did trigger this
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Personal space, time for transitions, manipulations, & free time

Important for: bear weight, continue walking, communication, engaging in activities being safe

Likes: sensory, keyboards, outings, socializing.

Dislikes: uncertain changes, having to be cleaned up or clothing changed

Lead Review Completed: UH

Staff: Amanda Diaz

Date: 04/12/2022

Service Recipient: RM

Service Span: March 21 - March 23

Outcomes:

Outcome #1: Make group choices, given a verbal discription of group.

Summarize Steps: - Time to pick group
- give discriotion
- pictures on ipad

Outcome #2: Rick will choose community outing.

Summarize Steps: - give choices
- shown pictures

Communication Style: sign yes shakes head NO, goes towards things he likes pushes away things he doesn't like, screams when upset

Learning Style: Verbal cues, 1 step directions, Rep and routine

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Latex gloves, Keppra, kiwi fruit staff
Seizures: ☑ No ☐ Yes	Describe Supports: Potential risk of tonic/clonic call 911 for seizure longer than 5min
Choking: ☑ No ☐ Yes	Describe Supports: Repaired cleft palate and does not use his teeth does not chew
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed food & thickened liquids, divided plate, shallow up
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Autism: provide Routine gives cues time for transitions repaied cleft palate DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Takes a regularly sheduled medication while @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: wears briefs, supported by one staff using pivot transfer to and from mat table
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: wheelchair, may propel himself short distances can transfer from wheelchair to regular chair
Community Support: ☑ No ☐ Yes	Describe Supports: staff will model pedestriane safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Tactilely defensive (feet, face, & underarms) Let him initate touch Legally blind use large Photos
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Physical aggression: may grab or bump into peer's wheelchair or items verbal/emo: High pitched scream offered manipulatives
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No alone time

Important to: Personal space, time for transition, floor time, manipulatives

Important for: communication in a safe manner, bear weight & walking

Likes: The tactile/auditory sensory: keyboard

Dislikes: Being uncertain of what to expect, clothing to be changed

Lead Review Completed: UA

Staff: Paris D

Date: 4/12/22

PAI

Service Recipient: Richard Mitchell

Service Span:

Outcomes:

Outcome #1: Make group choices: given a verbal description.

Summarize Steps: Let Rick know when its time to pick activity
Give description of activity.

Outcome #2: Rick will will choose a community outing.

Summarize Steps: Present with scheduled outings on pic cards
Rick will make choice

Communication Style:
Signing yes, shakes head no, moving away from thing he dosent like

Learning Style:
Simple verbal cue and 1 step directions

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: latex gloves, Kiwi fruit, alert staff of reactions
Seizures: ☒ No ☐ Yes	Describe Supports: tonic-clonic call 911 & residence if more than 5 min
Choking: ☒ No ☐ Yes	Describe Supports: repaired cleft palate and dosent use teeth
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed food, thickened liquids, adapted spoon, regular chair
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism: Consistent routine, gives cues report concerns to team — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: regular scheduled meds at pai, trained staff administer meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears briefs, supported by 1 staff, pivit transfer to mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may propel wheelchair short distances, needs seatbelt, can pivot self out
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will model pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Tactile defensive, let Rick initiate touch, legally blind
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May grab or bump into peers or other items, ask rick to be careful
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Personal space, preffered food, manipulatives, and floor time

Important for:
Communicate in safe manner, Bear weight, Engage with others

Likes:
Sensory manipulatives, Being in community

Dislikes:
Changed or uncertain routine, being cleaned or changed

Lead Review Completed: UK

Staff: Emily Eisenpeter
Date: 4.12.2022

PAI

Service Recipient: Richard Mitchell
Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: group choices given verbal description
Summarize Steps: Let know time to pick group activity, give description followed by picture or iPad

Outcome #2: Choose community outing
Summarize Steps: Presented w/ outing pic cards, make choice

Communication Style: smiles, screaming, physical/verbal cues signing yes, shaking heading, moving away from not desired items

Learning Style: 1 step directions, simple cues, visual/audio cues routine & 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: latex, kiwi, kuppra, will not provide, monitor & report
Seizures: ☑ No ☐ Yes	Describe Supports: Tonic clonic, call 911 if longer than 5 min, report home
Choking: ☑ No ☐ Yes	Describe Supports: pureed, thickened liquids Repaired cleft palate, doesn't use teeth effectively
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Divided plate, shallow cup, adapted spoon Pureed food, thickened liquid, reg. chair, full assist
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes -Autism - routine, clear communication, cues - transitions -Repaired cleft palate - assist w/ eat Nystagmus/optic nerve atrophy - items close
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Regular scheduled meds, staff administer
Personal Cares: ☑ No ☐ Yes	Describe Supports: Bi-lefs, 1 staff pivot transfer to & from mat
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: wheelchair, propel short distances independently, seatbelt 1 staff pivot, 2 staff floor to chair
Community Support: ☑ No ☐ Yes	Describe Supports: Staff model safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Tactilely defensive, let initiate touch, communicate Legally blind - seeks objects w/ side vision, talk after pictures
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Physical aggression - grab/bump, verbal reminders, safe place Verbal/Emotional - vocalizations, preferred activities, manipulatives, floor
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Personal space, time for transitions, manipulatives, floor time

Important for: communicate in safe manner, try activities

Likes: massagers, keyboard, community, bowling

Dislikes: changes in routine, cleaned up, running managed

Lead Review Completed: UH

Staff: Alfredo Fierro-Montes
Date: 4-13-22

PAI

Service Recipient: Richard Mitchell
Service Span: Mar 22-Mar 23

Outcomes:

Outcome #1: Make group choices, given a verbal description of the group
Summarize Steps:
Let Rick know it's time to pick a group activity, give description of the activity followed by a picture/ipad.

Outcome #2: Rick will choose a community outing.
Summarize Steps:
Present outings, show picture cards, Rick will make a choice w/comm skills.

Communication Style:
Signing yes, shaking head no, moving away from dislikes, towards what he enjoys.

Learning Style:
Simple verbal cues, one step directions, Visual cues, pictures, audio cues.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Latex gloves, Kiwi fruit, Keppra
Seizures: ☒ No ☐ Yes	Describe Supports: Potential risk of Tonic/Clonic, 911 if longer than 5 min.
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet w/thickened liquids. Repaired cleft palate/does not use teeth effectively.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed food w/thickened liquids, divided plate, swallow cup.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Nystagmus, Optic Nerve Atrophy. Consistent routine, clear communication, repaired cleft palate. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Takes regularly scheduled meds at PAI. Trained staff administer.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears briefs, One staff using a pivot transfer onto Mat Table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair, may propel himself, staff for long distances, can transfer himself.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will model pedestrian safety skills.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Legally blind. Tactiley defensive (feet, face, underarms), cares in a quick manner.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal/Emotional: High pitched vocalizations. Physical Aggression: May grab/bump into peers, redirect.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to:
Personal Space, time for transitions, manipulatives, floor time.

Important for:
Communicate in a safe manner, Bear weight, walking, engage w/others.

Likes:
Tactile/auditory sensory of manipulatives, out in community, bowling.

Dislikes:
Inconsistent routine, being cleaned up, being changed (clothing)

Lead Review Completed: 4/2

Staff: Trey Gould
Date: 4/12/22

PAI

Service Recipient: Richard M
Service Span: 03/22 - 03/23

Outcomes:

Outcome #1: Make Group Choices
Summarize Steps: Give description, Visual Ipad

Outcome #2: Choose Outing
Summarize Steps: Shown picture cards, make choices

Communication Style: Signing yes, shaking head no, moving away from things he dislikes, displeasure = screaming

Learning Style: Simple verbal cues, routine and repitition, visual cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: latex Gloves, Kiwi fruit, Keppra report to residence
Seizures: ☒ No ☐ Yes	Describe Supports: Potential tonic / clonic, Call 911 if longer than 5 mins
Choking: ☒ No ☐ Yes	Describe Supports: repaired Cleft Palate does not use teeth, pureed diet, thickend liquids
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet, thickend liquids, divided Plate, Shallow Cup, adapted Spoon, Chair
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism - routine repaired Cleft Palate - eating safely Spasmos Nystagmus / optic Nerve atrophy DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Takes meds regularly, Staff administer
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, one staff pivot transfer onto mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair may propel himself short distances, requires assistance for long distance
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will model pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Tactilely defensive (face, feet, underarms) legally blind - offer large pictures
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: physical aggression - may grab or bump verbal / emotional aggression - vocalizations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Personal space, time for transitions, his preffered manipulatives, floor time

Important for: Communicate safely, Bear weight, engage with others

Likes: Community, Bowling, Socializing with Others

Dislikes: Uncertain, Changes, Cleaned up, or Changed

Lead Review Completed: UH

Staff: Lisa Hartman
Date: 4/12/22

Service Recipient: Richard Mitchell
Service Span: 3/2022-3/2023

Outcomes:

Outcome #1: Daily, Rick will make group choices, given a verbal description of the group, in 90% of opportunities over the next 12 months.
Summarize Steps: Let Rick know it is time to pick a group activity. Give Rick a description of the activity followed by a picture of the activity or options using the iPad. If Rick makes a choice the outcome will be documented with "Y".

Outcome #2: Monthly, Rick will choose a community outing to go on in 70% of opportunities over the next 12 months.
Summarize Steps: Rick will be presented with scheduled outings. Rick will be shown picture cards that represent an outing and describe each. Rick will make his choice using his communication skills: shaking head, facial expressions. If Rick uses his communication skills to show his preference the outcome will be documented with "Y".

Communication Style: Signing yes and shakes head no, moving away from things he doesn't like and towards those he enjoys. Indicates pleasure by smiling and displeasure by screaming. He responds to short verbal directives and physical cues.

Learning Style: Simple verbal cues and one step directions. Visual cues such as pictures and audio cues like timers. Learns through routine 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: Latex gloves, kiwi fruit, Keppra Staff will not administer Keppra or use latex gloves and will not give Rick Kiwi fruit. Staff will monitor Rick for possible allergic reactions and report to his residence.
Seizures: ■ No ☐ Yes	Describe Supports: Potential risk of tonic/clonic seizures. If Rick were to have a seizure, 911 would be called if his seizure lasted longer than 5 minutes. His residence and guardian would be notified.
Choking: ■No ☐ Yes	Describe Supports: Rick has a repaired cleft palate and does not use his teeth effectively while chewing. His way of processing food puts him at risk of choking. He has a pureed diet with thickened liquids. Any concerns will be communicated to his residence.
Specialized Diet: ■ No ☐ Yes	Describe Supports: Pureed food and thickened liquids. Uses a divided plate, a shallow cup and an adapted spoon. He sits in a regular chair at the table. He is provided full assistance to eat and drink.
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Autism: Rick is provided with a consistent routine and supported in his communication. He is provided with cues and time for transitions and clear communication. Concerns are reported to his team, Repaired cleft palate: Rick is supported in eating safely. Nystagmus and Optic Nerve Atrophy: Rick is supported in his vision by bringing items closer to him and assistance with navigation, as needed.
Medication at PAI: ■ No ☐ Yes	Describe Supports: Rick takes a regularly scheduled medication while at PAI. Trained staff will administer Rick's medication
Personal Cares: ■ No ☐ Yes	Describe Supports: Rick wears briefs. He is supported by one staff using a pivot transfer onto the mat table as well as from the mat table back to his wheelchair.
Mobility/Fall Risk: ■No ☐ Yes	Describe Supports: Uses a wheelchair for mobility. He may propel himself short distances but requires staff assistance for long distances. He wears a seatbelt when in his wheelchair. He may have his foot pedals and shoes removed. Rick may walk short distances in his gait trainer wearing his shoes and utilizing all straps. Two staff support him in getting into his gait trainer. Rick can transfer himself out of his wheelchair and a regular chair onto the ground. Rick is supported by one staff in a stand pivot to move from his wheelchair to a typical chair. He is supported by two staff back to his wheelchair, from the floor, or from his wheelchair to the floor with his brakes on.

Lead Review Completed: LH

Staff: _____

Date: _____

Service Recipient: Richard Mitchell

Service Span: 3/2022-3/2023

Community Support: ■ No ☐ Yes	Describe Supports: Rick uses his wheelchair for mobility. He can propel himself for short distances but requires staff assistance to move long distances. Staff will model pedestrian safety skills.
Sensory Support: ■ No ☐ Yes	List & Describe Supports: Tactilely defensive (feet, face, and underarms): Staff will let Rick initiate all touch, unless required for health and safety. Staff will clearly communicate to Rick and provide cares in a quick and efficient manner. Legally blind: He appears to look for and seek objects with his side vision, but it is not known what he can see. Staff will talk to Rick during the day and offer large pictures for choice making.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Physical aggression: May try to grab or bump into peers' wheelchairs or other items. Staff will verbally ask Rick to be careful when he is getting close to his peers or other objects. If he continues, staff will assist Rick to a safe place. Verbal/Emotional aggression: May have high pitched vocalizations when very upset, paired with flailing of his arms. This behavior usually presents itself if Rick is frustrated with cares, a change in his routine, or wanting to get on the floor. Rick will be offered preferred activities when he is displaying these behaviors: having access to his manipulatives or time on the floor.
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A No unsupervised time.

Important to: He has personal space, time for transitions, and his preferred manipulatives. Floor time and his preferred foods and beverages.

Important for: Communicate in a safe manner. Bear weight and continue walking. Engage with others and try activities.

Likes: The tactile/auditory sensory of his preferred manipulative (handheld massagers and keyboards). Being out in the community, bowling, and socializing with others.

Dislikes: Being uncertain of what to expect or changes to the flow of his routine. Does not like having to be cleaned up or clothing changed.

Lead Review Completed: _____

Staff: Tristen L.

Date: 4/12/22

Service Recipient: RM

Service Span: March. 22-23

Outcomes:

Outcome #1: make group choices	
Summarize Steps: • Inform time to pick group • describe • Spoon	
Outcome #2: Choose a community outing	
Summarize Steps: • show picture cards • describe • give time	
Communication Style: signing yes, head shake no, moving towards/away, vocalizations	
Learning Style: One step verbal cues, 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: latex gloves, kiwi fruit, keppra
Seizures: ☒ No ☐ Yes	Describe Supports: potential tonic/clonic, longer 5mins call 911
Choking: ☒ No ☐ Yes	Describe Supports: repaired cleft palate, pureed diet & thicken liquids
Specialized Diet: ☒ No ☐ Yes	Describe Supports: divided plate, shallow cup, adapted spoon, regular chair at table, full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism, Nystagimus & optic nerve atrophy, repaired cleft palate DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes a regularly scheduled med. here
Personal Cares: ☒ No ☐ Yes	Describe Supports: one staff pivot transfer to mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: propel short distance, long distance help, seat belt, may transfer self to floor.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile defensive (feet, face, under arms), Legally blind
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: physical aggression - grab/bump verbal/Emotional aggression - vocalizations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to:	Personal space, manipulatives, floor time
Important for:	Bear weight, engage with others, comm. in safe manner
Likes:	manipulatives, bowling, community outings
Dislikes:	change in routine, having to have clothing changed.

Lead Review Completed: [illegible]

Staff: Shelly Nierad
Date: 04.12.2022

PAI

Service Recipient: Rick Mitchell
Service Span: March 22 - March 23

Outcomes:

Outcome #1: make group choices - given verbal description
Summarize Steps:
1- let him know time to decide 3- let him decide.
2- give picture or Ipad

Outcome #2: Choose community outing
Summarize Steps: 1- scheduled outing 3- Rick choose using comm skills.
2- pic card

Communication Style:
Sign, Shakehead, body movement, smiling, scream

Learning Style: visual + audio cues. repetition + Routine.
Short verbal directives, Physical cues., 1 step directions

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: latex, Kiwi, Keppra. Report any reaction to Risperdone
Seizures: ☒ No ☐ Yes	Describe Supports: Tonic - clonic - call 911, 75 min. Notify appropriate people
Choking: ☒ No ☐ Yes	Describe Supports: Repaired cleft palet - pureed diet thickened liquid
Specialized Diet: ☒ No ☐ Yes	Describe Supports: full assistance shallow cup adaptive spoon pureed diet - thickened liquids. divided plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Stigma - Bring items close. Autism, Routine, clear comm. cues + times for transition.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Scheduled med - trained Staff give.
Personal Cares: ☒ No ☐ Yes	Describe Supports: 1 person briefs, pivot transfers to + from chair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: 2 staff: Chair to floor. from chair to floor may propel chair short distances, seatbelt, can transfer self
Community Support: ☒ No ☐ Yes	Describe Supports: model safety skills for Rick
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: provide cares efficient manner tactile defensive feet, face, underarms, legally blind.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: screeching when upset. ask rick to be safe while close to peers.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
personal space, time for transition, floor time. manipulatives

Important for:
Comm. safe manner, walking, activities

Likes:
tactile manipulatives, bowling, socializing w/ others.

Dislikes:
uncertainty, brief or clothing changed.

Lead Review Completed: UK

Staff: Jalysa Pratt

Date: 4/12/22

Service Recipient: Richard Mitchell

Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: Make a group choice, given verbal ques.

Summarize Steps: • Use Ipad.
• Pic cards

Outcome #2: Choose a comm. outing.

Summarize Steps: • Pic cards

Communication Style: Sign yes, shake head no. Displeasure by screaming • move away if not interested.

Learning Style: Simple verbal ques, repetetion, and routine.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Latex gloves, Kiwi, Keppra. Monitor Rick for any allergic reaction
Seizures: ☒ No ☐ Yes	Describe Supports: Clonic Tonic. Call 911 if longer than 5 mins. Let residence know.
Choking: ☒ No ☐ Yes	Describe Supports: Repair cleft plalate, pureed diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed food, sectioned plate, thickened liqs, assit eating.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autisum: Provide consistant routing, verbal ques before transition. Repaired cleft palate, Astigma. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Regular Sched meds.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief. 1 person pivot transfer. To mat table, from mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair, self propel, full assist when propelling long distances.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will model safety skills.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Tacticle defense,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Physical aggression, ask rack to be careful. Verbal/Emotional aggression.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised times.

Important to: Personal space, time for transitions, perferred manipulatives

Important for: Communication, Engaging w/others

Likes: massage toys, preferred sensory, community outing bowling

Dislikes: changes, to be cleaned

Lead Review Completed: MH

Staff: Deb St Marie

Date: 4/12/22

PAI

Service Recipient: Richard Mitchell

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Make group choices given verbal description

Summarize Steps: - let Rick know time to pick
- Give verbal and picture of group or activity (ipad)

Outcome #2: Choose community outing monthly

Summarize Steps: show scheduled outings w/ picture cards
make choice using communication skills

Communication Style: signs/PECS - shakes head no - smiling - likes screaming - dislikes
moves towards things he likes & away from things he does not like

Learning Style: simple verbal cues & simple 1 step verbal - visual cues
repetition & routine

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: latex, kiwi fruit + kefir gloves - report any reactions to residence
Seizures: ☒ No ☐ Yes	Describe Supports: Potential tonic/clonic call 911 if longer than 5min - notify residence + guardian
Choking: ☒ No ☐ Yes	Describe Supports: repaired cleft palate - pureed diet w/ thickened liquid - does not use teeth to chew
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed food & thickened liquid divided plate, shallow cup, adaptive spoon - full support to eat
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: autism, provide consistent routine cues + times for transitions - repaired cleft palate support to eat safely - asthma & atrophy - bring thyroid visually DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: regularly scheduled meds @ PAI - trained staff to administer
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brets - pivot transfer (1 staff) to & from wheelchair to mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair - propels short distance - sedwell in chair - can transfer from wheelchair to floor - 2 staff floor to chair/wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: model pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile defensive feet, face, underarms, cares quick, efficient manner, legally blind - verbal & offers large pics
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: physical aggression - ask Rick to be careful near peers/objects - high pitched vocalizations - cares change in routine or wants to go to the floor
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/a no unsupervised time

Important to: personal space, time for transitions, free time, preferred foods + beverages

Important for: communicate in safe manner, walking, engage with others

Likes: preferred manipulatives, bowling, out in community, socializing w/ others

Dislikes: uncertain routine changes, cleaned up or clothing changed

Lead Review Completed: UA

Staff: Maurita Sweeney
Date: 4/12/22

PAI

Service Recipient: Rick M.
Service Span: March '22 - '23

Outcomes:

Outcome #1: make Group choices, given a verbal ~~ex~~ description.
Summarize Steps: Let Rick know it's time to pick - give description.

Outcome #2: Rick will choose a community outing.
Summarize Steps: Presented with cards representing outings. Use his communication skills.

Communication Style: Sign yes, shake head no, moves to/from things screams, laughs, responds to short verbal directives

Learning Style: Simple verbal cues, 1 step directions, pictures, repetition, routine.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: allergic kiwi fruit, latex gloves monitor for and report concerns to residence
Seizures: ☑ No ☐ Yes	Describe Supports: Tonic clonic - call 911. (If SZ last longer 5 mins)
Choking: ☑ No ☐ Yes	Describe Supports: repaired palate, does not use his teeth while chewing pureed diet, thickened liquids.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Choking risk. pureed food, divided plate, shallow cup, regular chair at table Full Assist.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Autism. Consistent routine cues and times for routine. Vision. Bring things close. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Rick takes regular scheduled medication. Trained staff will administer.
Personal Cares: ☑ No ☐ Yes	Describe Supports: wears briefs, 1 staff pivot transfer to table + back to chair.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: uses wheelchair requires staff for long distance. wears seat belt.
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will model pedestrian safety skills.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: tactile defensive, Legally blind communicate while doing cares, Large pictures.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may grab or bump into people or things. Remind to be safe, move to safe place.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time. Offer manipulatives.

Important to: personal space, time for manipulatives, food beverages

Important for: Communicate in safe manner. Bear weight and continue walking.

Likes: preferred manipulatives, community - bowling, socializing with others

Dislikes: Being uncertain of what to expect. Changes to routine, being cleaned up.

Lead Review Completed: MA

Competency Tracking Form
Oakdale

Participant: Nhia V **Annual Service Span:** _____

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
	SB	Berglund, Sara
	MBP	Basurto Poferl, Mari
	[illegible]	Diaz, Amanda
	Pd	Dyer, Paris
	EE	Elsenpeter, Emily
	AFM	Fierro-Montes, Alfredo
	TG	Gould, Trey
	LH	Hartman, Lisa
		~~Kealy, Vanessa~~
		~~Larson, Nancy~~
	TL	Lorsung, Tristen
	SN	Nierad, Shelly
	JP	Pratt, Jalysa
	DST	St. Martin, Deb

Date Completed	Initials	Full Name
	MS	Sweeney, Maurita
	KP	~~Perry, Kathy~~

Date Uploaded to LMS: _____

Staff: Sue B
Date: 4/15/22

PAI

Service Recipient: Nhia
Service Span:

Outcomes:

Outcome #1: choose activity to participate in weekly.
Summarize Steps:
explain activity staff observe for interest
give time to process staff assist. to complete

Outcome #2: monthly choose community outing.
Summarize Steps:
verbally describe
give time to process observe interest

Communication Style: smile when enjoy cry frown when doesn't like
verbal expressions body language vocalizations

Learning Style:
appears to be an auditory & kinesthetic learner

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Betadine Resephon
Seizures: ☑ No ☐ Yes	Describe Supports: Seizure protocol PRN meds.
Choking: ☑ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☑ No ☐ Yes	Describe Supports: G-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Scoliosis Cerebral Palsy w/ spastic quadriparesis microcephaly Osteopenia GERD DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports:
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief mat table ceiling track 2 person Hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: cautions when transferring not to twist side rails up
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 community staff proper model appropriate safety
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Cortical Blindness open angle glaucoma.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: music being around peers all like working w/ staff he knows.

Important for: NPO order seizure protocol comm. styles

Likes: music activities to his choosing going in comm. quiet

Dislikes: being uncomfortable loud noise not being included doing activities he doesn't like.

Lead Review Completed: MK

Staff: Mort BP

Date: 4-12-22

PAI

Service Recipient: Nhia Vang

Service Span: 3-22/3-23

Outcomes:

Outcome #1: Will choose an activity to participate in once weekly.

Summarize Steps:
staff will offer activities & allow time to process & support him w/ that activity

Outcome #2: One a month will choose an outing.

Summarize Steps:
Will be given options of outings
allowed time to process & have choice honored

Communication Style: facial expressions, some vocalizations, will cry or smile too

Learning Style: Auditory & Kinesthetic

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Baclofen and Paroxetin
Seizures: ☑ No ☐ Yes	Describe Supports: Has Seizure protocol & prn, will be monitored for seizures
Choking: ☑ No ☐ Yes	Describe Supports: Has NPO order
Specialized Diet: ☑ No ☐ Yes	Describes all nutrition via g-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Scoliosis, CP w/ spastic, hiccupsy & osteoporosis — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Takes lorazapam for seizures, otherwise no meds @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Uses disposable brief to meet table & staff will assist she wears clean & dry clothing
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: will use std rails for meet table & use caution to neck twist & turn a lot
Community Support: ☑ No ☐ Yes	Describe Supports: fit in community staff provide physical support
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: cortical blindness & glaucoma
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: Music, being around peers, his culture, familiar staff

Important for: NPO order, seizure protocols, staff that know him best.

Likes: music, preferred activities, outings,

Dislikes: loud noises, being excluded or activities he doesn't enjoy & being uncomfortably

Lead Review Completed: MK

Staff: Amanda Diaz

Date: 04/12/2022

Service Recipient: NV

Service Span: March 22 - March 23

Outcomes:

Outcome #1: Will choose an activity to participate in once weekly. Summarize Steps: - Give time to process - staff observe interest	
Outcome #2: Once a month, will choose a community outing he would like to join in. Summarize Steps: - give time to process - staff observe interest	
Communication Style: facial expressions, vocalizations, smile if happy cry when sad	
Learning Style: auditory	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine & Rocephin
Seizures: ☒ No ☐ Yes	Describe Supports: has a seizure protocol & PRN
Choking: ☒ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - all nutrition via G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: scoliosis, CP, Spastic Qu. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Lorazapam
Personal Cares: ☒ No ☐ Yes	Describe Supports: utilizes disposable brief & Mat table use ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: caution not to twist or turn
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, staff propel wheelchair
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical Blindness & open angle glaucoma offer close distance
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to:	peers, culture, staff that know him
Important for:	NPO order, seizure protocal, working w/ people who knew him
Likes:	music, group, quiet environments
Dislikes:	loud noises, not being part of group, doing something he doesn't want to do

Lead Review Completed: MK

Staff: Paris D
Date: 4/12/22

PAI

Service Recipient: Nhia Vang
Service Span:

Outcomes:

Outcome #1: Nhia will choose weekly activity to participate in.
Summarize Steps: Staff explain planned activities
Observe signs of interest
Assist in completing activity

Outcome #2: Will choose community outing once per month.
Summarize Steps: Staff verbally describe
Observe signs of interest Assist in signing up

Communication Style:
facial expressions, body language, vocalizations, smile

Learning Style:
Auditory & Kinesthetic

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine and Bacephin
Seizures: ☒ No ☐ Yes	Describe Supports: Prn staff visually monitor
Choking: ☒ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, Scoliosis, Microcephaly, Cerebal palsy, osteoporosis — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: lorazepam for seizures
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, 2 person hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Do not twist & turn while transferring
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, Staff propel wheelchair
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical blindness, Open angle glaucoma
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
Music, peers, culture, familiar staff.

Important for:
NPO order, Seizure protocol

Likes:
music, activities of choice, quiet enviroments

Dislikes:
loud noise, not being included, boring activities

Lead Review Completed: MK

Staff: Emily Eisenpeter
Date: 4.12.2022

PAI

Service Recipient: Nhia V
Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: Choose an activity to participate in
Summarize Steps: Explain activities, time to process, observe signs of interest, assist

Outcome #2: can choose community outing
Summarize Steps: verbally describe, time to process, observe signs of interest, assist in signing up

Communication Style: Facial expressions, body language, vocalizations, smile

Learning Style: Auditory & Kinesthetic

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Betadine & rocephin, Avoid giving meds w/ these ingredients
Seizures: ☑ No ☐ Yes	Describe Supports: Seizure protocol, PRN, Monitor
Choking: ☑ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO order All nutrition via g-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Scoliosis, CP w/ spastic quadriparesis, Microcephaly, tiered monitor, report concerns DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Lorazepam PRN - Seizure protocol
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief, mat table, hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Not twist/turn, side rails if not by him, staff propel chair
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1, staff propel wheelchair, model safety
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: cortical Blindness & open angle glaucoma offer items close, describe
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Music, peers, culture, staff that know well

Important for: NPO, seizure protocol, communication

Likes: Music, choosing of activities, community, quiet envts.

Dislikes: Uncomfortable, loud noises, not being included, activities not enjoyed

Lead Review Completed: MK

Staff: Alfredo Fierro-Montes
Date: 4-13-22

PAI

Service Recipient: Nhia Vang
Service Span: _____

Outcomes:

Outcome #1: Once weekly, Nhia will choose an activity to participate in.
Summarize Steps:
- Staff explain activities planned for the day
- Give time to process
- Staff observe for signs of interest
- Staff assist Nhia to complete activity

Outcome #2: Once Monthly, Nhia will choose a community outing he'd like to participate in.
Summarize Steps:
- Staff verbally describe each destination
- Give time to process
- Observe for signs of interest
- Assist in signing up

Communication Style:
Facial Expression, body language, vocalizations, will smile if enjoying.

Learning Style:
Appears to be an auditory/kinesthetic learner.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine / Rocephin, staff avoid giving these meds.
Seizures: ☒ No ☐ Yes	Describe Supports: Has protocol / PRN seizure med. Staff visually monitor for symptoms.
Choking: ☒ No ☐ Yes	Describe Supports: NPO order.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - All nutrition recieved through G-Tube.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, Cerebral Palsy w/ Spastic Quadriparesis, Microcephaly, Osteopenia, GERD. Staff will monitor. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Lorazipam
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses briefs, Mat Table, Ceiling track/2 person hoyer.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Avoid twisting / turning him, utilize side rails.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff propel wheelchair.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical Blindness / Open Angle Glaucoma. Offer options at distance
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Music, Being around peers, his culture, familiar staff.

Important for:
NPO order, seizure protocol, familiar staff.

Likes:
Music, activities he likes, the community, quiet environments

Dislikes:
Being uncomfortable, loud noises, not being included, activities he doesn't enjoy.

Lead Review Completed: MK

Staff: Trey Gould
Date: 4/12/22

PAI

Service Recipient: Nhia Vang
Service Span: 03/22 to 03/23

Outcomes:

Outcome #1: Choose activity to participate in weekly. Summarize Steps: - Process time - Staff observe	
Outcome #2: Choose Community Outing Once a month. Summarize Steps: - verbally describe - Process time	
Communication Style: Facial expressions, vocalizations, Body language	
Learning Style: Auditory, Kinesthetic,	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine and Robaxin
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure protocol and prn
Choking: ☒ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO - all via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, CP-with Spastic Quadriparesis, microcephaly, Osteopenia, Gerd DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Prn, no regularly scheduled med
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, 2 person hoyer,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Use caution when transferring, Side rails, Proper chair for him
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in Community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical Blindness, Open angle glaucoma
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports: NA

Important to:	Music, peers, Culture, staff that know him well
Important for:	NPO order, Seizure Protocol, people who know his working style,
Likes:	music, activities, Outings, quiet enviorments
Dislikes:	uncomfortable, loud noises, Activities he does not enjoy

Lead Review Completed: MK

Staff: Lisa Hartman

Date: 4/12/22

PAI

Service Recipient: Nhia Vang

Service Span: 3-22/3-23

Outcomes:

Outcome #1: Choose an activity to participate in 1x Wkly

Summarize Steps: ~~give~~ explain activities
give time to process
observe signs of interest
staff assist Nhia to complete ail.

Outcome #2: 1+ month choose comm. outing

Summarize Steps: Verbally describe outings
give time to process
observe
assist - cighing up

Communication Style: facial expressions, body lang vocaly. smile/eye eng.
cry/frown if uncomf. or not into activity

Learning Style: auditory + kinesthetic (appears)

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Betadine + ~~f~~ rocephin don't give
Seizures: ☑ No ☐ Yes	Describe Supports: Seizure protocol + PRN ~~month~~ monitor
Choking: ☑ No ☐ Yes	Describe Supports: NPO, ~~g tube~~
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO – g tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Scoliosis, CP c̄ spast. quad GERD osteopenia, microcephaly monitor + report ~~of~~ concerns DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Lorazepam for seizure ~~&~~ reg. sched.
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief / mat table - track w 2 person hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: side rails ~~&~~ st ~~&~~ twist/turn while transferring
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 staff propel w/c ~~monitor~~ safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: glaucoma, cortical ~~+~~ blindness describe what showing him
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to: music, being around peers, culture working c̄ staff who know him.

Important for: NPO order, seizure protocol working c̄ staff who know him

Likes: music, doing activities of his choosing, community quiet env.

Dislikes: loud noises, being uncomf., not being part of group, activities he doesn't like

Lead Review Completed: MK

Staff: Tristen L.

Date: 4/12/22

Service Recipient: N. V.

Service Span: March 22-23

Outcomes:

Outcome #1: Choose an activity to participate in.	
Summarize Steps:	- give time - see through choice - observe - explain
Outcome #2: Choose a community outing to attend.	
Summarize Steps:	- verbal describe - observe - follow through
Communication Style: facial expressions, body lang., vocalizations.	
Learning Style: auditory & kinethstic	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine & cocephin
Seizures: ☒ No ☐ Yes	Describe Supports: protocal in m.a.p.
Choking: ☒ No ☐ Yes	Describe Supports: NPO by order
Specialized Diet: ☒ No ☐ Yes	Describe Supports: G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, C.P., GERD, Osteopenia, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: PRN here for seizure not reg.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, lift, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: side rails up when not in direct town, staff assist prope
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical Blindness, & open angle glaucoma
Behavior Support: ☒ No ☐ Yes ☒ NA	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Important to: music, peers, familiar staff	
Important for: NPO order, seizure protocal, staff understanding him	
Likes: music, quiet env., outings	
Dislikes: hat included, loud noises, being uncomfortable	

Lead Review Completed: MK

Staff: Shelly Nierad
Date: 04.12.2022

PAI

Service Recipient: Nick Vans
Service Span: Mar 22-Mar. 23

Outcomes:

Outcome #1: choose activity participate weekly.
Summarize Steps:
- Staff explain, give time to process.
- let him choose

Outcome #2: 1x month choose comm. outing.
Summarize Steps:
- Verbally describe destination, give time to process
- let him choose.

Communication Style:
facial exp. body lang. vocalizations.

Learning Style:
auditory + kinistetic.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Betadine - Rocepition.
Seizures: ☒ No ☐ Yes	Describe Supports: Follow protocol
Choking: ☒ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO - G tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: spasticity DNR/DNI: ☒ No ☐ Yes scollialis, CP, microsephaly, GERD,
Medication at PAI: ☒ No ☐ Yes	Describe Supports: lorazapram - PRN - No Reg Sch. meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief + Matt table, truck system, hoyer.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: use caution to not twist + turn him - propel chair for him
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 comm. Staff propel chair, safety modeling
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: blindness, glaucoma, close distance - describe shows to him
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
music, peers, culture, working w/ ppl that know him.

Important for:
NPO order, seizure protocol, work w/ ppl that know him

Likes:
music, act. of choosing, community, quietness

Dislikes:
loud noises, act. he does not enjoy

Lead Review Completed: MK

Staff: Jalysa Pratt

Date: 4/12/22

Service Recipient: Nhia Vang

Service Span: Mar 22 - Mar 22

Outcomes:

Outcome #1: Choose an activity to partake in once wkly.

Summarize Steps: · Explain activities
· Observe for signs of interest.

Outcome #2: Once a month to choose a community outing.

Summarize Steps: · Time to process
· observes signs of interest.

Communication Style: Facial expression, body lang, some vocalizations

Learning Style: auditory, kinesthetic learner.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Bet adine, Rocephin
Seizures: ☒ No ☐ Yes	Describe Supports: seizure protocal
Choking: ☒ No ☐ Yes	Describe Supports: spealized diet through g-tube
Specialized Diet: ☐ No ☐ Yes	Describe Supports: specialized diet via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, spastic Quad CP, Gerd DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Diazepam for seizure protocol
Personal Cares: ☒ No ☐ Yes	Describe Supports: disaposable briefs, ceiling lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Use caution when transferring. Care not to twist or turn. Use rails when on mat table
Community Support: ☒ No ☐ Yes	Describe Supports: staff propel his wheelchair.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cortical blindness, glaucoma,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: music, friends, culture

Important for: NPO order, knows him well.

Likes: partake in activities of his choice, going on outings quite places.

Dislikes: loud noises, not being included in group

Lead Review Completed: MK

Staff: Deb Martin
Date: 4/12/22

PAI

Service Recipient: Nhia Vang
Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Choose activity 1x weekly
Summarize Steps: Staff explain
give time to process
observe for signs of interest.

Outcome #2: 1x monthly choose community outing
Summarize Steps: Verbally describe
time to process
observe for signs of interest

Communication Style: facial expressions, body language + vocalizations
cry/fussy from if uncomfortable, doesn't like something

Learning Style: auditory - kinesthetic learner

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Betadine + Rocephin
Seizures: ☑ No ☐ Yes	Describe Supports: PRN + protocol - usually monitor for signs
Choking: ☑ No ☐ Yes	Describe Supports: nothing by mouth
Specialized Diet: ☑ No ☐ Yes	Describe Supports: via G-tube (all nutrition)
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Scoliosis - Cerebral palsy with spastic, Microcephaly, GERD. Concerns reported to residence. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Lorazapam for seizure protocol only while @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief + mat table - in cellty track system or 2 person hoyer - staff assist
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: 1x caution to not twist or turn during transfers - rails on mat table
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 on community - model safety
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Cortical blindness + open angle glaucoma - staff offer visuals @ close range
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: n/a
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: n/a

Important to: Music, peers, culture + working w/ staff that know him, participating in activities he enjoys

Important for: NPO, seizure protocol, working with people that know his style

Likes: Music, activities he enjoys - outing, quiet environments

Dislikes: being uncomfortable, loud noises, not being included in group, activities he does not enjoy

Lead Review Completed: MK

Staff: Maurita Sweeney
Date: 4/12/22

PAI

Service Recipient: Nhia Vang
Service Span: March '22 - '23

Outcomes:

Outcome #1: Choose activity to participate in once weekly.
Summarize Steps: staff explain give time

Outcome #2: Choose community outing.
Summarize Steps: give time, observe signs of interest, assist in signing up.

Communication Style: Facial expressions
Body language, smile, frown,

Learning Style: auditory, kinesthetic.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Betadine Rocephin staff avoid slurry
Seizures: ☑ No ☐ Yes	Describe Supports: SZ protocol monitor for signs of SZ
Choking: ☑ No ☐ Yes	Describe Supports: NPO order
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO order - All nutrition via g-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: scoliosis, CP, quadraparesis microcephaly. Monitor + report concerns. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Lorazepam per protocol No scheduled meds
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable briefs. 2 person hover or 1 person track ceiling lift.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Use caution not to twist/turn propel chair, side rails on mat table
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1, staff propel chair + model pedestrian safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: cortical blindness, offer options at close distance + verbally describe.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: music, peers, culture, staff knowing him well

Important for: NPO order, SZ protocol, working with people who know his communication style well.

Likes: music, activities of his choosing, community

Dislikes: loud noises, not being included. activities doesn't enjoy

Lead Review Completed: MK