

Staff: Daphne Johnson

Date: 1-26-2022



Service Recipient: John Doyle

Service Span: June 2021-2022

Outcomes:

Outcome #1: Weekly John will choose a music genre w/ a mac switch
 Summarize Steps:
enjoys music, working on skill building w/ big mac switch

Outcome #2: Daily choose an instrument to play while listening to music.
 Summarize Steps:
Music & playing instruments are important, smiles and focuses on the instrument he chooses to play.

Communication Style:
Smiling, lifting his eyebrows, vocalizations and eye gazing.

Learning Style:
Verbal, demonstration, work on outcomes.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Dust, Pollen, Tegretol, Felbamate, Depakote,</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will monitor, trained on his protocol.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO, staff trained on G-tube, concerns sent to home.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO see above</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Lenox-gabap syndrome, epilepsy, static encephalopathy, pancreatitis, hypertonica, Klein-Levin syndrome</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff are trained on his medications (may need 2)</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief. Stand w/ staff assistance while leaning on mat table.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tell him to hold onto the mat table, may ask him to stand up straight.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist - staff model appropriate social skills.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cannot be left alone.</u>
Important to:	<u>Manipulatives, fresh paper 1-1 time, music therapy, being comfortable, new activities.</u>
Important for:	<u>NPO orders, Seizure Protocol, sling lift system, walking.</u>
Likes:	<u>Paper, musical instruments, walks, outings. 1-1 time w/ staff.</u>
Dislikes:	<u>Seizures, uncomfortable, ignored, not involved, pain.</u>

Lead Review Completed:

Staff: Alice L. Cox
 Date: 7/7/22



Service Recipient: John Doyle
 Service Span: JUNE 2021
JUNE 2022

Outcomes:

Outcome #1: Weekly John will choose a music genre using a touch buttoned pre-recorded Mack switch 85% of the time
 Summarize Steps: enjoys music, working on skill building w/ D39 mac switch

Outcome #2: Daily choose an instrument to play while listening to music 95% of all trials
 Summarize Steps: music + playing instruments are important smiles and focuses on the instrument he chooses to play

Communication Style:
Smiling Lifting his eyebrows, vocalizations and eye gazing

Learning Style:
Verbal, demonstration, work on outcomes

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

Allergies: <u>ERROR</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Dust, Pollen, Tegretol, Carbamazepine, Felbamate, Dipakide, Mdo</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff will monitor, trained in his protocol</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NPO, Staff trained on G-Tube, Concerns sent to home</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NPO See above</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Lenox - Gastrot Syndrome, epilepsy, Static Encephalopathy, Pancreatitis, Hypertonia, Klein-Levin Syndrome</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff are trained with his medications</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Disposable brief. Stand with staff assist + kan on mat table (may need 2)</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>tell him to hold on the mat table can tell him to sit up straight</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>full assist Staff model appropriate social skills</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Can't be left alone</u>
Important to:	<u>Manipulatives, Fresh paper, 1-1 time, Music therapy, Being comfortable</u>
Important for:	<u>NPO ORDER, Seizure protocol, sling, lift system, walking, new activities</u>
Likes:	<u>Paper, Musical instruments, walks, outings; 1-1 time w/ staff</u>
Dislikes:	<u>Seizures, uncomfortable, ignored, Not involved, pain</u>

Lead Review Completed: [Signature]