



In-Service Training Log – Linden

Date: 5/3/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy Kessler Program Supervisor			MS Competency quiz
.25	Maddy K Program Supervisor			Semi annual reviews for: TP, AJ, JC, DL
.25	Maddy Kessler Program Supervisor			Outing adjustments
.25	Following set schedule Ashleigh Shirley			Following set schedule & hours

Make up Date	Initial	EE ID	Last Name
	BA		Allport, Betsy
			Anderson-Jones, Celeste
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
	AK		Cox, Alice
	MB		Gagner, Megan
	HT		Hampton, Tony
	MT		Hetchler, Maria
	NG		Johnson, Natalie
	FK		Kalu, Festus
			Larson, Nancy
	DL		Lepley, Deanne

Make up Date	Initial	EE ID	Last Name
	SM		Mafi, Sommer
	KM		McKnight, Kyla
	SN		Neirad, Shelly
		CR	Rice, Colette
	ES		Sandstrom, Erin
	LS	SP	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: Mark Sneep Annual Service Span: April 2022-April 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
	BA	Ailport, Betsy
		Anderson-Jones, Celeste
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AC	Cox, Alice
	MB	Gagner, Megan
	AT	Hampton, Tony
	MH	Hetchler, Maria
		Hiland, Lindsay
	YN	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne

Date Completed	Initials	Full Name
	SM	Mafi, Sommer
	KM	McKnight, Kyla
	SN	Neirad, Shelly
	CR	Rice, Colette
	ES	Sandstrom, Erin
	AS	Shirley, Ashleigh
	PS	Stacken, Laura
	JT	Trimble, Jennifer

Date Uploaded to LMS: _____

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Outcomes:

Outcome #1: _____ Summarize Steps:
Outcome #2: _____ Summarize Steps:
Communication Style:
Learning Style:

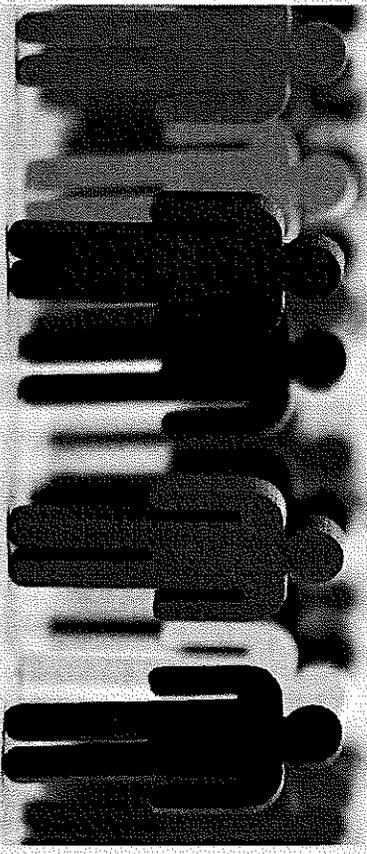
Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	
Important for:	
Likes:	
Dislikes:	

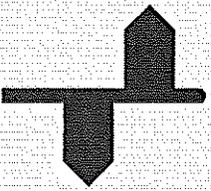
Lead Review Completed: _____

PAI- Linden/Oakdale Team Meeting

5/3/2022



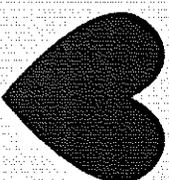
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

Welcome

Site-Specific Updates

Agency-Wide Updates

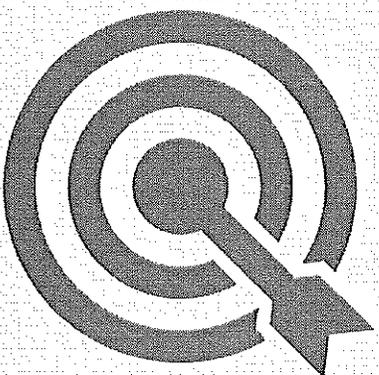
Policy and Procedure Review

Employee Handbook Review

Competency Reviews

Semi-Annual and CSSP Reviews

Wrap Up



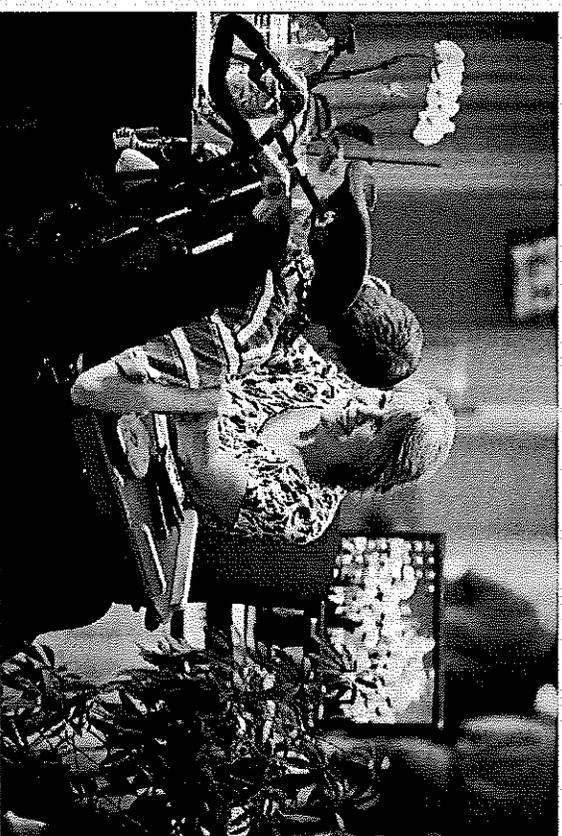
Site-Specific Updates

- Lakeshore Players Outing- rescheduled for May 9th

Kia sent an email to all leads regarding time and changes needed to the outing calendar. (Thank you, Kia!)

-Please talk with your supervisor about any concerns.

- Please make sure to follow your set schedule
- Staying late needs approval
- **ALL** staff are expected to stay until 3pm/ the time they're scheduled until.



Competency Reviews

<p>Outcome #1: Once a week, Mark will press a mac switch to indicate he would like to relax in the love-sac</p> <ul style="list-style-type: none">-Mark will be offered to press the mac switch-Staff will give Mark 20 seconds-If he presses the mac switch, staff will assist him into the lovesac
<p>Outcome #2: Mark will choose a video to watch a minimum of 3 times weekly</p> <ul style="list-style-type: none">-Mark will be offered a choice of 2 videos to watch.-Staff will play a clip of each video and observe Mark for nonverbal communication.
<p>Communication Style: Facial expressions, vocalizations, body gestures</p>
<p>Learning Style: routine & repetition, auditory, visual, and kinesthetic</p>

Mark Sneep

April 2022-April2023



Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand Mal and Petit Mal seizures. Tend to occur more often in September and October. -Staff are trained on Mark's seizure protocol and will assist him as needed.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: diagnosed with dysphagia -Staff monitor Mark for signs of choking and report concerns to guardians
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Prefers his foods pureed without any chunks. Drinks nutritional supplements throughout the day to increase his caloric intake.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypotonic Cerebral Palsy, Contractures -While at PAI Mark is supported in all motor tasks and in any activity involving coordination. Staff monitor Mark for any changes in his condition and inform his guardians. 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: Mark does not take medications at PAI. Should Mark require medication at PAI he takes his medication orally in soft food.



Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes a disposable brief and mat table. Transferred using in ceiling track system. Requires full support. -Staff help Mark to wear clothes that are clean and dry. Railing will be up on mat table if staff step away.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair for mobility. If when Mark is upset and seated on a couch or chair that is not his wheelchair, he may attempt to slide himself out of it. -Staff will be aware of Mark's mood and will help him back to his wheelchair if he attempts to slide out of a recliner. Staff propel Mark's chair for him.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community. Staff model appropriate pedestrian safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment. Sound and tactile sensitivities- Does not like loud noises and is sensitive to certain textures. -Staff verbally explain what they are showing Mark and show items at a close enough distance. Staff offer Mark a quiet environment if it is too loud.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mark may grab or push others that are in his personal space. -Staff will be aware of Mark's positioning with other peers



Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to: his family, being active, having a lot of attention, listening to music or TV, Wheel of Fortune, the "Happy Birthday" song, swinging and movement.	
Important for: his seizure protocol, his pompom, family who cares for him, eating pureed foods, and his nutritional supplements.	
Likes: 1:1 time with staff, going for walks, Barney, listening to music, getting out into the community, taking off his socks/shoes, and singing "Happy Birthday."	
Dislikes: being in pain or uncomfortable, being in loud environments, not receiving enough attention, and not being included.	

Semi-Annual Reviews

Tasha Pohl:

New outcome: Once a week, Tasha will visit another program room and greet her peers in 80% of all trials over a 12-month period.

Participant Photos Here

Jessica Cook:

#1: Once a week, Jessica will choose a welcome activity for her and her peers to begin with 90% of all trials over a 12-month period.

#2: Twice a week, Jessica will choose somewhere to tour virtually in 85% of all trials over a 6-month period.

Adam Johnson:

New outcome: Once a week, with one verbal prompt, Adam will independently ask to have a jam session with a staff of his choosing in 80% of all trials over a 12-month period.

Semi-Annual Reviews

Donald LeVasseur - New outcomes

Outcome 1: Twice a week, Donald will choose a music genre to listen to in 75% of trials over a 6-month period.

Outcome 2: Three times a week, Donald will engage with staff for 1 minute or longer in 80% of trials over a 6-month reporting period.

Participant Photos Here



Gratitude

Kia



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?



Staff: Tomy
 Date: _____



Service Recipient: Mark
 Service Span: 4-22-23

Outcomes:

Outcome #1: <u>Once Per week mark will press mac switch to indicate Relax in low-sac</u> Summarize Steps: <u>offer mac switch</u> <u>give 20 seconds</u> <u>assist after mark presses switch</u>
Outcome #2: <u>Choose video to watch 3x weekly</u> Summarize Steps: <u>offer 3 videos to watch</u> <u>Play clip of each video</u>
Communication Style: <u>facial expressions, vocalizations, body gestures</u>
Learning Style: <u>zoned</u> <u>Repetitive</u> <u>Auditory</u> <u>Visual</u> <u>Kinesthetic</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grand mal petit mal seizures tend to occur more often in the fall</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diagnosed with dysphasia</u> <u>monitor for Choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced food no chunks</u> <u>Drinks nutritional supplements</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypotonic cerebral palsy, Contractures</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Support in all motor tasks any activity</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not take medication at PAI</u> <u>takes with soft fruit if needed</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficult to eat not table setting trash</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair may slip out of chair or couch</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitor pedestrian skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>no loud noises vision impairment</u> <u>Sensitive to certain textures</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>many grabs or push</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>family</u> <u>Attention</u> <u>music</u> <u>the wheel of fortune</u>
Important for:	<u>Sister</u> <u>Brother</u> <u>Program</u> <u>family</u> <u>enjoy</u>
Likes:	<u>soft</u> <u>white</u> <u>music</u> <u>berry</u> <u>community</u> <u>no cars</u>
Dislikes:	<u>soft</u> <u>Pain</u> <u>No Attention</u> <u>Laundry</u>

Lead Review Completed: MK

Staff: Allyson Shirley
 Date: _____



Service Recipient: Mark
 Service Span: _____

Outcomes:

Outcome #1: 1x week - press mac switch for love sac offered switch - if yes assist into love sac

Outcome #2: Choose video to watch offer 2 he pick

Communication Style: vocalizations, facial exp, body gestures

Learning Style: routine & rep, auditory, visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brand/physical occur more in sept/oct. trained - assist PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>dysphagia monitor for choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed no chunks - nutritional supplement to increase calories</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hypotonic CP</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>contractures supported w/ motor function</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds orally in soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disp brief + mat below - full support - ceiling lift - raising up on mat table -</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual w/ cl. if upset may attempt to slide out of veg chair #upset</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 - medical safety skill</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment - sound & tactile sensitivities - doesn't like loud - verbally explain close dist.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may grab/push others in personal space aware positioning w/ others</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>family - being active, attention, listening to music or tv wheel of fortune, happy bday song - swimming & movement</u>	
Important for: <u>seizure protocol, pompom, family, pureed foods nutritional supplements</u>	
Likes: <u>1:1 time, walks, Barney, music, community, no socks/shoes singing happy B-day</u>	
Dislikes: <u>pain, disco music, cold environments, not receiving enough attention, not being included</u>	

Staff: Kyla
 Date: 5-3



Service Recipient: Mark
 Service Span: 4-22 - 4-23

Outcomes:

Outcome #1
 Press mac switch to choose if he wants to sit in love sac
 Staff will assist him into love sac

Outcome #2:
 Choose a video to watch 3x weekly
 will pick between 2 videos

Communication Style:
 facial expressions, vocalization, body gestures

Learning Style:
 Routine,

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: flutters in sept. and oct.	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Signs of choking: Dysphagia	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pure without chunks	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Major cerebral palsy	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: none currently, but takes only in soft food	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposal table matt table in ceiling track	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manually wheelchair, staff p	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: no loud noise, certain textures	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may push others in personal space	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to:	family, being active, sing happy birthday	
Important for:	pure food, family, natural supplements	
Likes:	listening to music, getting out into community	
Dislikes:	not being included, being loud environment, not enough attention	

Staff: Sommur
 Date: 5/3/22



Service Recipient: Mark S.
 Service Span: _____

Outcomes:

Outcome #1	2x weekly press mac switch to lay in lowbac - Start other switch - give 20 sec - if presses start assist in lowbac
Outcome #2:	Choose a video to watch 3x weekly - Oeter video chorals - Will pick between 2 videos
Communication Style:	facial exp, vocalization, body gesture
Learning Style:	Route, hup, auditory visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: grand mal / petit mal - more often in Sep/Oct	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: dysphagia, start monitor for choking	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Peters food purced w/o chunks	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hypotonic CP, contractures - orally in soft F	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: None - if needed orally / soft food	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, full support	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wheelchair, if upset in couch may try to slide	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lvl 1 in comm - start model appropriate behavior	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: does not like loud noises / textures	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may grab or push others	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to:	Active family, Attention, being active	
Important for:	pompom, purced food, seizure protocol	
Likes:	banney, singing happy birthday taking socks out	
Dislikes:	not being included, loud erratic movements	

Staff: Morgan B.
 Date: 5/3/2022



Service Recipient: Mark S.
 Service Span: April 22-'23

Outcomes:

Outcome #1 Press switch to indicate to relax in love sac - offer switch - give 20 seconds, then assist
Outcome #2: Choose video 3x weekly - offer videos - play clip, observe to see which one he likes
Communication Style: facial expressions, vocalizations, body gestures
Learning Style: routine repetition, visual, kinesthetic

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: none	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: grand mal, petit mal, more in Sept, Oct	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: dysphagia	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed, nutritional supplements	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hypotonic cerebral palsy contractures, support in all motor tasks	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: none	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, track system in ceiling, railing up	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wheelchair, if not in wheelchair, try to slide out	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1, appropriate, pedestrian skills	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, sound/tactile defensive, no loud noises, no certain textures	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: grab/push others	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none	
Important to: being active, family, movement		
Important for: seizure protocol, pom-pom, swinging		
Likes: 1:1 w/ staff, barney, take shoes/socks off		
Dislikes: being uncomfortable, loud environments		

Staff: Laura Stacken

Date: May 3, 2022



Service Recipient: Mark Sney

Service Span: April 22 - April 23

Outcomes:

Outcome #1: once a week, mark will press a mac switch to indicate he would like to relax in the love-sac

Outcome #2: mark will choose a video to watch a min of 3x weekly

Communication Style: Facial expressions, vocalizations, body gestures

Learning Style: routine & repetition, auditory, visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grand mal & Petit mal . tend to occur often in Sept & Oct.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diagnosed w/ dysphagia</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prefers his food pureed w/ no chunks</u> <u>Drinks nutritional supplements</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypotonic CP, Contractures.</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>Mark does not like medication @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief & mat table in-ceiling track system</u> <u>full support</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual w/c for mobility</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 community</u> <u>Staff model appropriate ped.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment. sound & tactile sensitive</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Mark may grab or push others that are in his personal space.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Family, being active, Having alot of attention Music/tv wheel of fortune the Happy Birthday Song, Singing</u>
Important for:	<u>seizure protocol, his pom pom, family who cares for him, eating pureed foods.</u>
Likes:	<u>1:1 time, walks, Barney, music, community, No socks/shoes</u>
Dislikes:	<u>in pain / uncomfortable Land environments, not receiving attention</u>

Staff: Shelly Nierack

Date: 05-03-2022



Service Recipient: Mark Sheep

Service Span: Apr. 2022 - Apr 2023

Outcomes:

Outcome #1	1x week press mark switch for love sack. - offer to press mark switch - give 20 sec. to press. - staff will assist
Outcome #2:	Choose a video 3x weekly. - offer choice of 2 videos - staff play a clip & observe mark for comm.
Communication Style:	Facial Exp. vocalization, body gestures
Learning Style:	routine & repetition, auditory, visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: brand & Pet. t mal Sept/oct usually - follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Dysphasia - Staff monitor.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed - no chunks, drinks nutrition shakes
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hypotonic CP, contractures. 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: Follow protocol orally in soft food.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brief, mat table, full support
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual WLC. - may slide out if not in chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in comm. Staff will show safety.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, sound & tactile sensitive
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: grab/push others in personal space.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

Important to:	family, attention, music, swimming, singing HBD
Important for:	Seizure protocol, his Pom Pom, family who cares for him.
Likes:	1:1 time, walking barney, taking of socks & shoes. Singing HBD
Dislikes:	pain or uncomfortable, not being included.

Staff: Colette Rice
Date: 5.3.22



Service Recipient: Mark Sneepe
Service Span: April 22-23

Outcomes:

Outcome #1 <u>x1 press mac switch for love Sac time</u>
Outcome #2: <u>Choose a video to watch x3 weekly</u>
Communication Style: <u>facial expression, vocalizations</u>
Learning Style: <u>routine, repetition, visual, auditory</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>grand mall (e September, October)</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>dysphagia</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed, nutrition Supplement</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Contractures</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable briefs, full support</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, staff will be aware of mark's mood</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mark may grab or push others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>family, active, music, T.V.</u>
Important for:	<u>Seizure protocol, pom pom</u>
Likes:	<u>lil with staff, barney</u>
Dislikes:	<u>pain, loud environments.</u>

Staff: Kia L. Baucht

Date: 5/3/22



Service Recipient: Mark Sneep

Service Span: Apr. 22 - 23

Outcomes:

Outcome #1 1x weekly, will press a mac switch for love sac time
 - offered the switch
 - make a choice

Outcome #2: Mark will choose a video 3x weekly
 - offered 2 choices

Communication Style:
 Facial expressions, vocalizations, body gestures

Learning Style:
 routine, repetition, auditory, visual

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: grand mal + petitmal, Sept + October	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: dysphagia	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed, nutritional supplements	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CP, Contractures	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: no meds @ PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: despousable briefs, full supports	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wheelchair, staff will be aware of Mark's mood	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, tactile defensive	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mark may grab or push others	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised time	
Important to: his family, having attention, movement		
Important for: Pom pom, pureed foods		
Likes: 1:1 staff- Barney,		
Dislikes: being in pain, not receiving enough attention		

Lead Review Completed: MK

Staff: Megan Gagner
 Date: ~~5/13/2022~~ 5/3/2022



Service Recipient: Mark Sneed
 Service Span: Apr 20 - Apr 23

Outcomes:

Outcome #1	once a week, Mark will press a mac switch to indicate he would like to relax in his seat offer Mac switch, give 20 seconds, assist
Outcome #2:	He will choose a video to watch a minimum of 3x weekly Mark will be offered choices, play a clip of each video
Communication Style:	Facial expressions, vocalizations, body gestures
Learning Style:	routine ? repetition, auditory, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand mal, petit mal, tend to occur more in sept/ct staff trained in his protocol, dysphagia
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitor for signs of choking, report concerns to guardians
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: prefers his food pureed without any chunks, Drinks nutritional supplements
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypotonic cerebral palsy, contractures help support in motor tasks ? activity involving coordination 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: Mark does not take medication at PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief on next table, transferred using ceiling track system
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair, if upset Mark may attempt to shed himself out if not in wheelchair, staff present
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community, staff model appropriate pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, sound and tactile sensitivities Does not like loud noises
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mark may grab or push others that are in his personal space, staff will be aware of Mark's posturing
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A ward Peers
Important to:	Family, Being active, swimming, having a lot of attention, wheel of fortune
Important for:	seizure protocol, his pom-pom, family who cares for him, eating pureed foods
Likes:	1:1 time with staff, going for walks, Barney, listening to music
Dislikes:	being in pain / uncomfortable, being in loud environments, not being included

Staff: Natalie Johnson
 Date: 5-3-2022



Service Recipient: Mark Sneeep
 Service Span: _____

Outcomes:

Outcome #1 Once a week, mark will press a mae switch if he would like to sit in the love-sae

Outcome #2: mark will choose a video to watch min 3x a week offer 2 choices of videos

Communication Style: facial expressions, vocalizations, body gestures

Learning Style: routine and repetition, auditory, visual and kinesthetic

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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grand mal 2 petite mal. occur more in Sept. Oct</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diagnosed w/ dysphagia</u> <u>Monitor for signs of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>purred - No chunks</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hypotonic cerebral palsy, Contractures</u> <u>Support in all motor tasks</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>does not take medications at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sling, in ceiling track, briefs & liner - full support</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair for mobility.</u> <u>May slide out of chair/love sae. monitor mood</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment. sound and tactile sensitivities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mark may grab or push others in their personal space. be aware of positioning</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>family, active, music - TV, movement, swinging,</u>
Important for:	<u>Seizure protocol, his Pompan, family who cares for him</u> <u>pureed foods, nutritional supplements</u>
Likes:	<u>1:1 with staff, going for walks, barney, music</u>
Dislikes:	<u>being in pain or uncomfortable, loud environments, not receiving enough attention, not being included</u>

Staff: ERIN SANDSTROM
 Date: 5.3.2022



Service Recipient: MARK SNEEP
 Service Span: APRIL 2022 - APRIL 2023

Outcomes:

Outcome #1	1X WEEK, MARK WILL PRESS MAC SWITCH TO INDICATE HE WOULD LIKE TO GO IN LOVE SAZ. -OFFER SWITCH, WAIT 20 SECS TAT IN LOVE SAZ.
Outcome #2:	3X WEEK, MARK WILL CHOOSE A VIDEO TO WATCH. -STAFF WILL OFFER 2 CHOICES -STAFF WILL PLAY A CLIP OF BOTH AND OBSERVE FOR NON-VERBAL
Communication Style:	FAZIAL EXPRESSIONS, VULAZIZATIONS, BODY GESTURES
Learning Style:	ROUTINE / REPETITION, KINETHETIC, AUDITORY, VISUAL

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: GRAND MAL, PETIT MAL, TRAINED ON SEIZURE PROTOCOL
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DYSPHAGIA, WATCH FOR SIGNS OF CHOKING
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PUREED; NO CHUNKS, DRINKS NUTRITIONAL DRINKS
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes HYPO TONIC CP, CONTRACTURES, SUPPORTED IN MOTOR TASKS
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO MEDS @ PAI.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BRIEF, MAT TABLE, IN CEILING TRACK SYSTEM
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MANUAL W/C, STAFF PROPEL CHAIR
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 IN COMMUNITY
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: VISION IMPAIRMENT, TACTILE SENSITIVITIES
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: GRAB OR PUSH OTHERS. STAFF AWARE OF POSITIONING
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MA
Important to:	FAMILY, ACTIVE, ATTENTION, BARNY, MOVEMENT
Important for:	SEIZURE PROTOCOL, ROM ROM, PUREED DIET, FAMILY
Likes:	1:1 W/ STAFF, WALKS, MUSIC, COMMUNITY - TAKING OFF SHOES/SOCKS
Dislikes:	PAIN OR UNCOMFORTABLE, NOT ENOUGH ATTENTION

Staff: Alice L. Cox
 Date: 8/3/22



Service Recipient: Mark
 Service Span: 4/22 - 4/23

Outcomes:

Outcome #1	Weekly Press Mac Switch into Low Sac Give 20 seconds to Respond
Outcome #2:	Choose Video 3 x a week by pressing Big Mac Switch
Communication Style:	Facial Expressions, Body Language, Vocalizations
Learning Style:	Routine, Repetition Auditory, Visual

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand Mal, Petit Mal Staff trained + ^{med} med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Discharge Monitor for Choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Puree, Nutritional Supplements
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypotonic Cerebral Palsy 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: Oral in Soft food No Meds at PAI at this time
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bribe - Matt table w/ Track System
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual W.C. May slide out if upset
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1-1 To Serve + Protect
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision Impairment, Sensitive to textures Tactile Defense
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grab staff + participate
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Family, Aelin, Attention, Movement, Singing
Important for:	Seizure Protocol P on Dem, family, Puree Foods, Nutrition
Likes:	1-1 by staff, Walks, Barney, Music, Community
Dislikes:	Being uncomfortable, In Pain, Take of ones + box head enticement, Not included

Lead Review Completed: Mk

Staff: Jenny Trimble
 Date: 5/3/22



Service Recipient: Mark Snee
 Service Span: 4/2022-4/2023

Outcomes:

Outcome #1	once a week, mark will press a mac switch to relax in lovesac Give 20 sec. if presses will go into love sac
Outcome #2:	choose a video to watch offered 2 choices staff play a clip of each video
Communication Style:	communication, facial expressions body gestures, vocalizations
Learning Style:	repetition, routine, Auditory/Visual (Kinesthetic)

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand-mal. tend to occur more Sept - Oct.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Dysphagia Staff monitor
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: prefers Pureed drinks nutritional supplements
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypotonic CP Contractures 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: none @ PAI - if he were to orally in soft foods
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses disposable briefs & incontinence tracks mat table - full support
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual w/c for mobility if upset. not in his chair, may slide himself off.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: visual impairment, sound & tactile sensitivities.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may grab or push others Staff aware of position
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Family, music, TV lots of attention, swinging & movement
Important for:	Seizure protocol, community going for walks, taking bst snacks & saks, food & nutritional supplements
Likes:	1:1 w/ staff, walks, community
Dislikes:	Being in pain or uncomfortable, loud environments, not enough attention & not being included

Staff: Betsy
 Date: 5/3/2022



Service Recipient: Mark S.
 Service Span: 4/2022 - 4/2023

Outcomes:

Outcome #1 1x wk press mac switch to relax in love sac offer mac switch 20 second if he presses assist in love sac
Outcome #2: 3x wkly choose video 2 options play each a clip notice reaction
Communication Style: facial expressions, vocalizations, body gestures
Learning Style: Routine + prep repetition, auditory, visual + kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand Mal + Petit Mal in Sept + Oct. follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Dysphagia Monitor for choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed supplement drinks
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hypotonic Cerebral Palsy Contractures DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Inform guardians of change
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No meds at PAI but if need to orally in soft food
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bites on mat table, track system
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheel chair, if upset might slide out
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 staff assistance explain + show items at close
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, sound + tactile sensitivities explain + show items at close distance
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May grab or push be aware of positioning
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

Important to: family, being active, attention, music or tv, Wheel of Fortune, Happy Birthday song

Important for: seizure protocol, pom-pom, family who cares for him, pureed foods, nutritional drinks

Likes: H, Barney, walks, music, outings, no shoes or socks, happy birthday song

Dislikes: Pain, uncomfortable, loud environments, no attention, not being included

Staff: Festas
 Date: 5/3/22



Service Recipient: Moull
 Service Span: _____

Outcomes:

Outcome #1	Since a while now will press = hotel started to adjust to world like for kitchen walk home see. More will be offered to him for hotel staff Staff will survey to see if he prefers to have 5 with staff will assist him with care see.
Outcome #2:	He will check a video to watch a video of 3/1-22
Communication Style:	freely repetitive, vocalizations, body gestures
Learning Style:	repetitive, imitations, auditory, visual and kinesthetic

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: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand mal & partial and epilepsy
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Dreams and dysphagia
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed food without chunks. Food is fed to improve ability to eat
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CP with contractures DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes while at PAI supports all motor skills and in any activity involving contractures. Staff monitor and report concerns to medical
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Don't fear help, call if PAI should help report medical. Staff are trained in medication passing
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses drafts, uses clothing that is clean and dry
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wheel chair. Seated on chair in chair. If upset help to leave to his wheel chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 on community. Helps his social community safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, sound and touch sensitivities Doesn't like loud sounds and noises
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Move by guided path others in the personal space. Staff will be aware of areas positioning with them
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to:	family, being active, hygiene, look of songs
Important for:	pureed food, getting walk, music
Likes:	1:1 time with staff, get for walks, being, listening to music, get into his community taking off his shoes, seeing happy birthday
Dislikes:	1:1 = pain and uncomfortable, not get a drink

Staff: DEANNE Lepley

Date: 5-3-22



Service Recipient: Mark Snoddy

Service Span: Apr 2022 - Apr 2023

Outcomes:

Outcome #1	press mac switch to indicate he would like to relax in love sac 1x week will be offered to press mac switch
Outcome #2:	mark will choose a video to watch a min 3x wk will be offered 2 videos to watch staff will ^{provide} play a clip of each video + observe mark for
Communication Style:	facial expressions, vocalizations, body gestures
Learning Style:	routine + rep. auditory, visual, + kinesthetic

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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Grand mal + petit mal seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: diagnosis w/ dysphasia
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: prefers his foods pureed w/ oat bran chunks drink nutritional supp throughout day
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 4 y postonic cerebral palsy DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mark does not take medications at PAI if he should req. at PAI he takes orally
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Discharge Brief, using ceiling track system requires full support
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wc. do sitting in on couch or chair + upset he may slide himself out of chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in comm.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment. sound + tactile sensitivities. does not like loud noises
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may grab or push others that are in his personal space
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Family, being active, having a lot of attention, listening to music or TV, wheel of fortune, happy birthday songs
Important for:	Seizure protocol, his pump, family who cares for him eating pureed food + nutritional supplements
Likes:	1:1 time w/ staff, songs for walks, Barney, listening to music getting out in community, taking his socks/shoes + sitting happy birthday songs
Dislikes:	Being in pain/uncomfortable, being in loud environment not receiving enough attention.

Staff: Maria Hetchler

Date: 5/3/2022



Service Recipient: Mark Sheep

Service Span: 4/22 - 4/23

Outcomes:

Outcome #1 <u>Mark aware Press a mac switch to indicate he would like to eat</u> - Mark will be offered press a mac - give him 20 sec
Outcome #2: <u>Mark will choose a video to watch not more 3 minutes</u> - over 2 videos - play clip each videos
Communication Style: <u>Facial Expression, vocalization, body gestures</u>
Learning Style: <u>Routine & repetition.</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grand Mal and Petit Mal Seizure</u> <u>- Seizures Protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed with dysphagia</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prefer Puréed Food without chunks</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypotonic Cerebral Palsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mark does not take meds at PAI</u> <u>only take meds in soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief & Mat table, transfer use</u> <u>ceiling track - wear dry clothes.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair. If Mark upset and seated on</u> <u>a couch motorized wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impairment. Sound does not like loud</u> <u>noise, staff</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Mark may grab or push other that are</u> <u>in his personal space</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Family, being active, happy birthday songs, swinging Mark</u>	
Important for: <u>1:1 time w/ staff, go for walk, Bernag, listen music, taking</u> <u>off shoes/shoes - sing happy b'day</u>	
Likes: <u>his Seizures protocol, Pom pom, family who cares for him</u> <u>Puréed food, nutritional supplement</u>	
Dislikes: <u>Being in pain, being in loud</u>	

