In-Service Training Log – Linden

Date: 7/12/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy Kessler			Outing sheets review and semi annual review for MB
1.00	Maddy Kessler			Competency quiz for NM and JD

Make up Date	Initial	EE ID	Last Name	Make up Date	Initial	EE ID	Last Name
			Ailport, Betsy		SN		Neirad, Shelly
		KB	Bauch, Kia		CR		Rice, Colette
		MB	Bradshaw, Morgan		JS		Sales, Jill
		AC	Cox, Alice		ES		Sandstrom, Erin
		A H	Hampton, Tony		LS		Stacken, Laura
		MH	Hetchler, Maria		JT		Trimble, Jenny
		NJ	Johnson, Natalie		SR		Ranweiler, Sara
		FK	Kalu, Festus				
			Larson, Nancy		CB		Cindy Brm
		DL	Lepley, Deanne				
		SM	Mafi, Sommer				
		KM	McKnight, Kyla				

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

Competency Tracking Form
Linden Site

Participant: Nicky Milligan Annual Service Span: <u>July 22- July 23</u>

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

_____

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

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

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
		Ailport, Betsy		SN	Nierad, Shelly
	KB	Bauch, Kia		SR	Ranweiler, Sara
	MB	Bradshaw, Morgan		CR	Rice, Colette
	AX	Cox, Alice		JMS	Sales, Jill
	AW	Hampton, Tony		ES	Sandstrom, Erin
	MH	Hetchler, Maria			Shirley, Ashleigh
		Hiland, Lindsay		B	Stacken, Laura
	WW	Johnson, Natalie		JT	Trimble, Jennifer
	fk	Kalu, Festus		SD	CBA
	MK	Kessler, Madeline			
		Larson, Nancy			
	DL	Lepley, Deanne			
	Sm	Mafi, Sommer			
	KM	McKnight, Kyla			

Date Uploaded to LMS: _____

Competency Tracking Form
Linden Site

Participant: John Doyle   Annual Service Span: July 22- July 23

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

_____

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

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

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
		~~Ailport, Betsy~~		GN	Nierad, Shelly
	KB	Bauch, Kia		SR	Ranweiler, Sara
	NB	Bradshaw, Morgan		CR	Rice, Colette
	AZ	Cox, Alice		Jens	Sales, Jill
	AH	Hampton, Tony		ES	Sandstrom, Erin
	MH	Hetchler, Maria			~~Shirley, Ashleigh~~
		Hiland, Lindsay		US	Stacken, Laura
	ONJ	Johnson, Natalie		JT	Trimble, Jennifer
	fK	Kalu, Festus		CB	Cindy Bry
	MK	Kessler, Madeline			
		~~Larson, Nancy~~			
	DL	Lepley, Deanne			
	Sm	Mafi, Sommer			
	KM	McKnight, Kyla			

Date Uploaded to LMS: _____
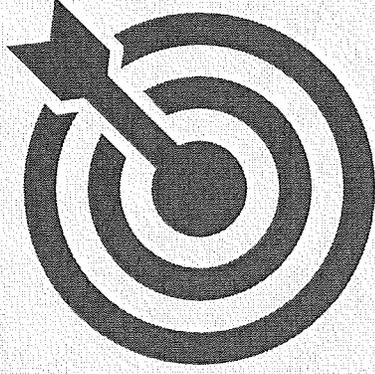
PAI-Linden
Team Meeting

7/12/2022

Agenda

- Welcome
- Site-Specific Updates
- Agency-Wide Updates
- Policy and Procedure Review
- Employee Handbook Review
- Competency Reviews
- Semi-Annual and CSSP Reviews

- Wrap Up

Competency Reviews

John Doyle   July 22-July 23

Outcome #1: Weekly, John will choose a music genre using a two buttoned prerecorded Mack switch 85% of trials

Summarize Steps:

1.) Staff will offer John two different genres

2.) Staff will push the button for each genre while showing John

3.) Give time to listen then ask him to push one button to indicate his preference

Outcome #2: Twice a week, John will choose between two sensory/fidget items, with one verbal prompt from staff, in 80% of trials

Summarize Steps:

1.) Staff offer and verbally explain each item

2.) Verbally ask which item his would like

3.) Allow time to process and observe for signs of interest

Outcome #3: Daily, John will accept hand over hand or hand under hand assistance from staff to participate in an activity with his peers 75% of all trials

Summarize Steps: Verbally tell John what activity is starting and attempt to assist John with HOH or HUH

Communication Style: facial expressions, eye gazing, body language

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

Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, stand with staff assistance and lean on mat table -Staff support John's body during personal cares as he may become unsteady
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Unsteady gait and hypotonia -Staff support John while he is bearing weight
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff model appropriate social and pedestrian safety skills.
Sensory Support: ☒No ☐ Yes	List & Describe Supports: Diagnosed with cataracts -Staff offer items at a close distance
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Self injurious behaviors -Staff monitor and offer a sensory or redirection activity
Unsupervised Time: ☒No ☐ Yes	Describe Supports: NA

Competency reviews – Nicky Milligan

July 2022-July 2023

Outcome #1: Twice monthly, Nicky will indicate if she would like to listen to music using her non-verbal communication skills when asked in 80% of all trials until her annual review.

Summarize Steps: Staff will ask if she'd like to listen to music, Nicky will be given time to process and observe for non-verbal communication that'd indicate yes or no.

Outcome #2: Nicky will make eye contact & look at the book cover of the book being read in 95% of all trials until her annual review.

Summarize Steps: Staff will encourage Nicky to make eye contact and look at the book they'll be reading.

Communication Style: nonverbal uses facial expressions and body language, may use vocalizations, eye pointing, benefits from being provided options

Learning Style: Routine and repetition, short verbal phrases, responds best to verbal and physical cues.

Competency reviews- Nicky Milligan

July 2022-July 2023

Medication at PAI: ■ No ☐ Yes	**Describe Supports:** receives meds via G-tube mixed with water, report concerns regarding medications to guardian
Personal Cares: ■ No ☐ Yes	Describe Supports: Disposable brief, sits on toilet, high back toilet support with safety strap, supported to wear clean, dry clothing.
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Can walk with support using a transfer belt, primarily uses her wheelchair that staff propel. Increased risk of injury when falling due to osteoporosis
Community Support: ■ No ☐ Yes	Describe Supports: uses wheelchair in community that staff propel, staff model appropriate pedestrian safety skills, call 911 incase of emergency
Sensory Support: ☐No ☐ Yes	**List & Describe Supports:** N/A
Behavior Support: ☐No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ■ No ☐ Yes	Describe Supports: Nicky does not have unsupervised time.

Semi-Annual Reviews

Monica Bredemus:

-Weekly, Monica will choose an instrument to play in 95% or more of trials over the next year.

Staff: ~~Jason~~ Tony

PAI

Service Recipient: nicky. m

Date: _____

Service Span: _____

Outcomes:

Outcome #1 2x a month nicky will indicate listen to music
Staff will ask if shed like to listen to music

Outcome #2: make eye contact and look at the book cover
being Read

Communication Style: Non verbal facial expressions body Language
Vocalization eye Roovon

Learning Style: Routine short verbal phrases
Physical 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: msg, Latex, strawberry, season allergies
Seizures: ☐ No ☐ Yes	Describe Supports: Partially Controlled seizures
Choking: ☐ No ☐ Yes	Describe Supports: at Risk has history of aspiration Pneumonia small sips of water thru out day
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Pureed diet food set for her
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: osteoporosis, scoliosis, Rhett Syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: G-tube
Personal Cares: ☐ No ☐ Yes	Describe Supports: Disposable briefs sits on toilet
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Can walk with support
Community Support: ☐ No ☐ Yes	Describe Supports: Uses wheelchair
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/a
Important to: her family Calm environment Calm music being involved	
Important for: dietary needs walker	
Likes: Pizza sweets music Calm being Read to fidget Looking nice	
Dislikes: Loudness being Rushed	

Lead Review Completed: MK

Staff: **Morgan B.**
Date: **7/12/22**

PAI

Service Recipient **Nikki Milligan**
Service Span: **July 22-23**

OUTCOMES:

Outcome #1: 2x month Nikki indicate what music she want to hear
Summarize Steps: ask if she want to listen to music

Outcome #2: look at book cover they are reading
Summarize Steps: encourage Nikki to look at cover of book

Communication Style: facial expressions, vocalizations
Learning Style: repetition, verbal physical 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:** MSG, latex, strawberries, seasonal
Seizures: ☒No ☐Yes	**Describe Supports:** partial control, staff trained
Choking: ☒No ☐Yes	**Describe Supports:** pureed, history of aspiration, water thru day
Specialized Diet: ☒No ☐Yes	**Describe Supports:** pureed sent from home
Chronic Medical Conditions: ☒No ☐Yes	**List & Describe Supports:** osteo psorosis, scoliosis, rheH, profound intellectual disability DNR/DNI: ☒No ☐Yes
Medication at PAI: ☒No ☐Yes	**Describe Supports:** G tube w/ water
Personal Cares: ☒No ☐Yes	**Describe Supports:** disposable brief on toilet w/ strap clean+dry clothes
Mobility/Fall Risk: ☒No ☐Yes	**Describe Supports:** walk w/ support, staff propel chair
Community Support: ☒No ☐Yes	**Describe Supports:** staff propel chair, 911 in emergency, appropriate skills
Sensory Support: ☒No ☐Yes	**List & Describe Supports:** N/A
Behavior Support: ☒No ☐Yes	**List & Describe Supports:** N/A
Unsupervised Time: ☒No ☐Yes	**Describe Supports:** none

Important to: family, looking nice, horseback riding

Important for: dietary needs, walking

Likes: calm environments, fabric to fidget with

Dislikes: being rushed, gas buildup

Lead Review Completed: **MK**

Staff: DEANNE LEPLEY

Date: 7-12-22

PAI

Service Recipient: ~~Nikki~~ Nicky Milliren

Service Span: July 2022 - July 2023

OUTCOMES:

Outcome #1: 2x mo. Nicky will indicate if she wants like to listen to music
Summarize Steps: 80% trials
Staff ask if she wants to listen to music + wait
for non-verbal response

Outcome #2: make eye contact + turn book cover of book over 95% trial
Summarize Steps: encourage Nicky to make eye contact + look at book

Communication Style: non verbal, uses facial expressions + body language

Learning Style: Routine + Rep. short verbal phrases

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

Allergies: ☑No ☐Yes	List & Describe Supports: MSS, Latex, strawberries, seasonal allergies
Seizures: ☐No ☐Yes	Describe Supports: partially controlled seizures
Choking: ☑No ☐Yes	Describe Supports: pureed diet, history of aspiration small sips of water throughout day
Specialized Diet: ☑No ☐Yes	Describe Supports: pureed diet sent from home
Chronic Medical Conditions: ☑No ☐Yes	List & Describe Supports: Osteoporosis, profound intellectual disability, Rhett Syndrome, scoliosis DNR/DNI: ☑No ☐Yes
Medication at PAI: ☑No ☐Yes	Describe Supports: Reeves new tube 6-tube mixed w/ water
Personal Cares: ☑No ☐Yes	Describe Supports: disposable brief, sits on toilet
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: can walk w/ supp. using foster belt primarily uses W/C
Community Support: ☑No ☐Yes	Describe Supports: uses W/C that staff propel
Sensory Support: ☑No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☑No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☐No ☐Yes	Describe Supports: No unsupervised time

Important to: Family, calm Env., calm music, being involved

Important for: dietary needs, walks

Likes: Calm env., being read to, pizza, horse back riding, swimming

Dislikes: loud or chaotic env., being rushed, having hard time swallowing or gas build up

Lead Review Completed: MK

Staff: Cindy B RN

Date: 7.12.22

PAI

Service Recipient: Nicky M.

Service Span: _____

Outcomes:

Outcome #1 2+ month indicate if She would like to listen to music. Staff will ask - observe for non-verbal answer.

Outcome #2: make eye contact + look at book cover being read. Staff will encourage to make eye contact to look at book.

Communication Style:
facial expressions, body language, eye point.

Learning Style:
Visual

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: msg Seasonal, latex, strawberries
Seizures: ☑ No ☐ Yes	Describe Supports: Partially control, staff train on protocol
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet, small sips of water
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet, food sent from home
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Osteoporosis, profound intellectual. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: G-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: Briefs, sits on toilet, ~~catheter~~
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: transfer belt, staff propel wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: lil in Community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Family, Calm music, looking nice

Important for:
Dry walks, comfortable

Likes:
Calm environments, being read to, fidgets, Swimming

Dislikes:
loud environments, being rushed, gas build up

Lead Review Completed: _____ MK

Staff: Jill Sales
Date: 7-12-22

PAI

Service Recipient: Nicky Milligan
Service Span: July 22-23 July

Outcomes:

Outcome #1 2x mo. Nicky indicate if she would like to listen to music

Outcome #2: She will make eye contact + look at the book they will be reading

Communication Style: facial expressions, body language, eye pointing - some vocalizations

Learning Style: routine, repetitions, shoA verbal phrases: responds best to verbal 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: MSG latex, strawberries, seasonal allergies
Seizures: ☑ No ☐ Yes	Describe Supports: partially controlled seizures
Choking: ☑ No ☐ Yes	Describe Supports: pureed diet, risk of choking, hx of aspiration
Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed diet, hx aspiration, small sips
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: osteoporosis, profound intellectual disability DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: via G-tube mixed with water
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief - sits on toilet
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: walks with support
Community Support: ☐ No ☐ Yes	Describe Supports: staff propel chair in community call 911 for emergency
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: none

Important to: family, home, music, comfortable, looking nice

Important for: walking, being comfortable

Likes: calm environments, fabric to fidget, socializing, pizza sweets

Dislikes: loud environment, being rushed, hard time swallowing or gas build up

Lead Review Completed: MK

Staff: Denise Slox   **PAI**   Service Recipient: Nicki M

Date: 7/11/22   Service Span: July 22 – July 23

Outcomes:

Outcome #1 Twice a month indicate if she would like to listen to music using no verbal

Outcome #2: Make eye contact & look at book being read

Communication Style: Eye Pointing, Facial Expression + Language

Learning Style: Routine, Repetition Verbal + Physical Cues

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

Category		List & Describe Supports
Allergies: ☒No ☐Yes	List & Describe Supports:	MSG, Loztec, Seasonal, Strawberries
Seizures: ☒No ☐Yes	Describe Supports:	Partially Controlled staff are trained
Choking: ☒No ☐Yes	Describe Supports:	Risk of choking + aspiration Sips all day
Specialized Diet: ☒No ☐Yes	Describe Supports:	Pureed from home, Dysphia cup
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: DNR/DNI: ☒No ☐Yes	Profound MR Scolosis, Osteoporosis
Medication at PAI: ☒No ☐Yes	Describe Supports:	Trained to pass + Monitor
Personal Cares: ☒No ☐Yes	Describe Supports:	Sits on toilet, Disposable Brief
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports:	Walk w/ Gait Belt + Support + WC
Community Support: ☒No ☐Yes	Describe Supports:	Staff Propel Protect + Serve
Sensory Support: ☒No ☐Yes	List & Describe Supports:	NA
Behavior Support: ☒No ☐Yes	List & Describe Supports:	NA
Unsupervised Time: ☐No ☐Yes	Describe Supports:	NA

Important to: Family, home, Calm, Environment Involved, Looking Nice

Important for: Dietary Needs, Walking

Likes: Pizza, Sweets, Desserts, horseback riding fidgets

Dislikes: Being rushed, gas buildup, Swallowing

Lead Review Completed: _MK_

Staff: Sara Banweiler

Date: 7-12-22

PAI

Service Recipient: Nicky Milligan

Service Span: _____

Outcomes:

Outcome #1 Twice monthly nicky will indicate if she would like to listen to music

Outcome #2: Nicky will make eye contact and look at book cover of the book being read

Communication Style: non verbal uses facial expressions and body language, may use vocalizations

Learning Style: Routine repetition, short verbal prompts

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: ms6, latex, strawberries, seasonal allergies
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled seizures
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, at risk choking, small sips of water
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet that is sent from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: osteoporosis profound intellectual disability rhett syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Recieves meds via G tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposible brief, sits on toliet, high back seat
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can walk with gait belt, mainly uses wheel
Community Support: ☒ No ☐ Yes	Describe Supports: use wheel chair in community, staff propels
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: family, calm enviornment, music, being comfortable

Important for: her dietary needs walking being comfortable

Likes: calm enviornments, being read to, fabric to fidget with

Dislikes: loud or chaotic places

Lead Review Completed: _____ MK

Staff: Colette Rice

Date: 7.12.22

PAI

Service Recipient: Nikki milligan

Service Span: _____

OUTCOMES:

Outcome #1: √2 monthly listen to music to choose
Summarize Steps:
- Staff will ask

Outcome #2: Nicky will make eye contact & look at book
Summarize Steps: ~~cover~~ cover.
remind to make eye contact

Communication Style: facial expressions, eye pointing

Learning Style: routine, repitition

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

Allergies: ☒No ☐ Yes	List & Describe Supports: latex, Strowbevries, Seasonal allergies
Seizures: ☒No ☐ Yes	Describe Supports: Partial Controlled
Choking: ☒No ☐ Yes	Describe Supports: Pureed diet, ~~history of~~ Small Sips
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet
Chronic Medical Conditions: ☒No ☐ Yes	List & Describe Supports: osteoprosis Scoleosis Rhett Syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒No ☐ Yes	Describe Supports: received med via g-tube, water
Personal Cares: ☒No ☐ Yes	Describe Supports: disposable briefs, toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: walk w/ support, wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: wheelchair in community
Sensory Support: ☒No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒No ☐ Yes	Describe Supports: no unsupervised time

Important to:
family, calm music, looking nice

Important for:
dietary needs, walking

Likes:
Calm environment, read too, pizza, Sweets

Dislikes: loud environment, being rushed

Lead Review Completed: _____ MK

OUTCOMES:

Outcome #1: 2x monthly choose to listen to music.	
Summarize Steps: -Staff will ask - give time to process	
Outcome #2: Eye contact - look at book cover	
Summarize Steps: - eye contact to look at book	

Communication Style: facial exp. Body lang. vocalization, eye gazing

Learning Style: routine, repetition, verbal phrases

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

Allergies: ☑ No ☐ Yes	**List & Describe Supports:** MSG, latex, strawberries, seasonal
Seizures: ☑ No ☐ Yes	**Describe Supports:** Partially controlled - Follow protocol
Choking: ☑ No ☐ Yes	**Describe Supports:** pureed diet, history of aspiration
Specialized Diet: ☑ No ☐ Yes	**Describe Supports:** pureed diet, sm sips of water throughout day.
Chronic Medical Conditions: ☑ No ☐ Yes	**List & Describe Supports:** DNR/DNI: ☑ No ☐ Yes Osteoporosis, Profound MR, scoliosis, Rett syndrome
Medication at PAI: ☑ No ☐ Yes	**Describe Supports:** Via G-tube mixed with H_2O
Personal Cares: ☑ No ☐ Yes	**Describe Supports:** Brief, sits on toilet safety strap.
Mobility/Fall Risk: ☑ No ☐ Yes	**Describe Supports:** Can walk w/ support.
Community Support: ☑ No ☐ Yes	**Describe Supports:** Staff propel wheelchair - full Assist 1:1
Sensory Support: ☑ No ☐ Yes	**List & Describe Supports:** N/A
Behavior Support: ☑ No ☐ Yes	**List & Describe Supports:** N/A
Unsupervised Time: ☑ No ☐ Yes	**Describe Supports:** N/A

Important to: family, comfortable, being involved.

Important for: dietary needs, walking, comfortable

Likes: Calm environments pizza, swimming, sweets horseback riding

Dislikes: loud/chaotic env, being rushed, gas build-up.

Lead Review Completed: _____ MK _____

OUTCOMES:

Outcome #1: Twice monthly Nicky will indicate if she would like to
Summarize Steps: listen to music.

Outcome #2: Nicky will make eye contact & look at the book
Summarize Steps: cover being read.

Communication Style: Nonverbal, uses facial expressions, body lang

Learning Style: Routine, repetition, short phrases, reponsed best to verbal physical cue

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

Category	List & Describe Supports	
Allergies: ☒ No ☐ Yes	MSG, latex, strawberries, season allergies,	
Seizures: ☒ No ☐ Yes	Partially controlled seizures	
Choking: ☒ No ☐ Yes	Pureed diet at risk of choking	
Specialized Diet: ☒ No ☐ Yes	Pureed diet, foods	
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports:	DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: G-tube mixed w/ water	
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, sits on toilet	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can walk with support using a transfer belt	
Community Support: ☒ No ☐ Yes	Describe Supports:	
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No	

Important to: family, a calm enivament, being comfortable, being involved looking nice

Important for: dietary needs, walking, being comfortable.

Likes: Calm enviorment, being read to having fabric

Dislikes: act he doesn't enjoy, not enough sleep no paper

Lead Review Completed: **MK**

Staff: Jenny
Date: 7/12/22

PAI

Service Recipient: Nicky Milligan
Service Span: 7/2022 – 7/2003

OUTCOMES:

Outcome #1: 2x a month, Nicky will indicate if she would
Summarize Steps: - to listen to music
Staff ask if she would like to music

Outcome #2: Will make eye contact and look at
Summarize Steps: cover of book
Encourage Nicky.

Communication Style: Vocalizations Body Language,

Learning Style: repitition, routine, short verbal phrase

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

Category	List & Describe Supports
Allergies: ☒ No ☐ Yes	MSG, latex, strawberries, seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled. Staff trained on protocol
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet a risk of choking, history of aspiration,
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Pureed sent from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis, Profound intellectual disability, Rhetts **DNR/DNI:** ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: receives med via g-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable briefs & sits on toilet
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: can walk w/ support using transfer belt
Community Support: ☒ No ☐ Yes	Describe Supports: w/c. Staff propel
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Family, calm environment, comfortable calm music, being involved & looking nice

Important for: Dietary need, walking & comfortable

Likes: calm environments, fabric or fidget

Dislikes: loud or chaotic music being rushed

Lead Review Completed: MK

Staff: __Kia L. Bauch__   **PAi**   Service Recipient __Nikki Mulligan__

Date: __7/12/22__   Service Span: __July 22 - 23__

OUTCOMES:

Outcome #1: 2x monthly, choose to listen to music
Summarize Steps:
- staff will ask
- give time to respond
Outcome #2: Nicky will make eye contact + look @ the book cover
Summarize Steps:
- remind to make eye contact
Communication Style: Facial expressions, eye pointing
Learning Style: repetition, short verbal phrases

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: MSG, latex, strawberries
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled
Choking: ☒ No ☐ Yes	Describe Supports: . pureed diet, small sips
Specialized Diet: ☒ No ☐ Yes	Describe Supports: . pureed diet
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Osteoporsis, Rhett syndrome, scoliosis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: g-tube, water
Personal Cares: ☒ No ☐ Yes	Describe Supports: . brief, toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can walk w/ assistance, wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: wheelchair in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time

Important to: her family, calm environment
Important for: dietary needs, walking
Likes: calm environments, books, pizza, desserts
Dislikes: loud environments, being rushed, gas

Lead Review Completed: __MK__

Staff: Kyla

Date: _____

PAI

Service Recipient: Nikki

Service Span: _____

Outcomes:

Outcome #1
2x month
Listen to music, Staff will ask 80%

Outcome #2:
Staff will encourage eye contact

Communication Style:
facial, body language, benifits of provided opition

Learning Style:
Short verbal phrase

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: MSG, Strawberrys, Latex
Seizures: ☒ No ☐ Yes	Describe Supports: Partial control
Choking: ☒ No ☐ Yes	Describe Supports: Pure diet, small sips of water
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pure diet from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Ret syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Recives via Gtube w/water
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief, sits on toleit
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can walk w/support and transfer belt
Community Support: ☒ No ☐ Yes	Describe Supports: Will call 911 emercy
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to:
family, calm music

Important for:
Dietary needs walking

Likes: being read to, calm music, fidgets

Dislikes: loud envierment, gas build up

Lead Review Completed: _____ MK

Staff: Maria Hatchler

Date: 7/12/22

PAI

Service Recipient: Nicky Milligan

Service Span: July 22 – July 23

Outcomes:

Outcome #1 twice a month, Nicky will indicate if she would like to listen music using her non-verbal communication skill.

Outcome #2: Nicky will make eye contact & look up the book cover of the book

Communication Style: nonverbal uses facial expressions and body language, nicely use vocalizations, eyepointing, benefits from being provided options

Learning Style: Routine and repetition, short verbal phrases, responds best to verbal and physical 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, strawberries, weather season allergies
Seizures: ☒ No ☐ Yes	Describe Supports: controld seizure
Choking: ☒ No ☐ Yes	Describe Supports: pured diet, as risk of coking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pured diet, food sent from home, uses specialized dysphasia cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: osteoporosis, profound intellectual disability, Rhett syndrome, scoliosis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds via G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposible G-tube brief, sits on toilet support with safety belt
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can walk with support using a transfer belt, primarily uses her wheelchair that staff propel
Community Support: ☒ No ☐ Yes	Describe Supports: uses wheelchair in community, safety skill, call 911 incase of emergency.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: Does not have supervice time

Important to: family, calm environment, calm music, looking nice, being involved

Important for: dietary needs, walking, being comfortable

Likes: calm environments, being read to, having fabric to fidget with, looking nice, socializing, calm music, pizza, sweets, desserts, swimming, horseback

Dislikes: loud or chaotic environments, being rushed, having a hard time swallowing or having gas build up.

Lead Review Completed: MK

Outcomes:

Outcome #1: _[handwritten, illegible] ... will like to happen for music ... ... nonverbal communication study_

Outcome #2: _Nikki will make eye contact a [illegible] of ... from core of [illegible] ... read ... 95% of all tricks_

Communication Style: _Nonverbal use of facial expressions, body language, vocalizations, eye pointing_

Learning Style: _Rote_

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

Category		Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports:	_NSG, latex, seasonal allergy_
Seizures: ☒ No ☐ Yes	Describe Supports:	_Poorly controlled seizures. Staff trained on protocol_
Choking: ☒ No ☐ Yes	Describe Supports:	_[illegible] of aspiration, [illegible]_
Specialized Diet: ☒ No ☐ Yes	Describe Supports:	_Pureed diet from home_
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports:	_Osteoporosis, Intellectual Disability, [illegible] syndrome, scoliosis_ DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports:	_Receive meds via GT. [illegible]_
Personal Cares: ☒ No ☐ Yes	Describe Supports:	_Disposable briefs_
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:	_[illegible] with support. [illegible] wheelchair ... staff propel_
Community Support: ☒ No ☐ Yes	Describe Supports:	_Staff propel wheelchair in community. Appropriate community safety skill_
Sensory Support: ☒ No ☐ Yes	List & Describe Supports:	_N/A_
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:	_N/A_
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	_Does not have unsupervised time_

Important to: _music, [illegible]_

Important for: _[illegible] needs walker comfort, [illegible] environment, [illegible], [illegible], swimming_

Likes:

Dislikes: _loud [illegible] environment, [illegible] ... [illegible]_

Lead Review Completed: _____ **MK** _____

Staff: ERIN SANDSTROM

Date: 7/12/22

PAI

Service Recipient: MICKY MILLIGAN

Service Span: July 2022 - July 2023

Outcomes:

Outcome #1 2x MONTH, MKKI WILL INDICATE IF SHE WOULD LIKE TO LISTEN TO MUSIC USING NON-VERBAL COMMUNICATION.
- STAFF WILL ASK IF SHE WOULD LIKE TO LISTEN TO MUSIC AND WATCH FOR COMMUNICATION

Outcome #2: MICKY WILL MAKE EYE CONTACT & LOOK AT BOOK COVER.
- STAFF WILL ENCOURAGE MICKY TO MAKE EYE CONTACT AND LOOK AT THE BOOK.

Communication Style: NON-VERBAL USES FACIAL EXPRESSIONS, BODY LANGUAGE, MAY USE COMMUNICATIONS, EYE POINTING

Learning Style: ROUTINE, REPITITION, VERBAL PHRASES, RESPONDS TO VERBAL AND PHYSICAL 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: MSG, LATEX, STRAWBERRIES, SEASONAL ALLERGIES
Seizures: ☒ No ☐ Yes	Describe Supports: PARTIALLY CONTROLLED SEIZURES
Choking: ☒ No ☐ Yes	Describe Supports: PUREED DIETS, RISK OF CHOKING, ASPIRATION, SMALL SIPS OF WATER THROUGHOUT DAY.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: PUREED, FOOD SENT FROM HOME, DYSPHAGIA CUP
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: OSTEOPOROSIS, INTELLECTUAL DISABILITY RETT SYNDROME, SCOLIOSIS DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS - G-TUBE MIXED W/WATER
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEFS, SITS ON TOILET, HIGH BACK TOILET SPRRT
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: CAN WALK WITH SUPPORT OF TRANSFER BELT, STAFF PROPEL W/C
Community Support: ☒ No ☐ Yes	Describe Supports: W/C IN COMMUNITY, SAFETY SKILLS
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME

Important to: FAMILY, ENVIRONMENT, BEING COMFORTABLE, MUSIC, LOOKING NICE

Important for: DIETARY NEEDS, WALKING, BEING UNCOMFORTABLE

Likes: CALM ENVIRONMENTS, READ TO, FABRIC, LOOKING NICE, PIZZA, SWEETS

Dislikes: LOUD ENVIRONMENTS, BEING RUSHED, HARD TIME SWALLOWING GAS BUILD UP.

Lead Review Completed: MK

Staff: Natalie Johnson
Date: 7-14-2022

PAI

Service Recipient: Nicky Milligan
Service Span: July 22-23

Outcomes:

Outcome #1 Twice monthly, Nicky will indicate if she would like to listen to music using her non-verbal communication skills
- Staff will ask if she'd like to listen to music, Nicky will be given time to process and observe for non-verbal communication yes or no

Outcome #2: Nicky will make eye contact & look at the book cover of the book being read in 95% of all trials until her annual review.
- Staff will encourage Nicky to make eye contact and look at the book they'll be reading

Communication Style: Non-verbal, facial expressions and body language. May use vocalizations, eye gazing pointing, benefits from being provided options.

Learning Style: Routine and repetition, short verbal phrases, responds best to verbal and physical 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: MSG, latex, strawberries, season allergies. Communicate concerns to her mother
Seizures: ☑ No ☐ Yes	Describe Supports: Partially controlled seizures, Staff are trained to her seizure protocol
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet, at risk of choking. History of aspiration resulting in pneumonia. Small sips throughout day
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet, sent from home. Uses dysphagia cup
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Osteoporosis, profound intellectual disability, Rhett syndrome, scoliosis DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: receives meds via g-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief, sits on toilet, high back toilet w/ safety strap
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Can walk w/ support using transfer belt, primarily uses her wheelchair.
Community Support: ☑ No ☐ Yes	Describe Supports: uses wheelchair in community that staff propel. Staff model appropriate safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: family, calm environment, being comfortable, calm music, being involved, looking nice.

Important for: dietary needs, walking, being comfortable.

Likes: Calm environments, being read to, having fabric to fidget w/, looking nice, pizza, sweet, desserts, swimming, horseback riding

Dislikes: loud or chaotic environments, being rushed, having a hard time swallowing or having gas build-up.

Lead Review Completed: _MK_

Staff: Maria Fletcher
Date: 7/12/22

PAI

Service Recipient: John Doyle
Service Span: 7/22 - 7/23

Outcomes:

Outcome #1 Weekly, John will choose a music genre using a two buttoned MAC
- Staff will offer John
- Staff will push button for each genre
- Give time to listen then ask him to push one

Outcome #2: Twice a week, John will choose between two sensory/fidget items
- Staff offer and verbally explain each item
- Verbally ask which item his would like
- Allow time to process and observe for signs of interest

Communication Style: Facial expressions, eye gazing, body language

Learning Style: Auditory, visual, kinesthetic, respetition 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: Tegretol, Felbamate, Pertussis vaccine Immune Globulin Depakote, mold, dust and pollen.
Seizures: ☒ No ☐ Yes	Describe Supports: diagnosed with Lennox-Gastaut Syndrome - a form of epilepsy
Choking: ☒ No ☐ Yes	Describe Supports: NPO Order, Has history of grabbing cups/drinks off of table with close rich. - Nutrision and medication via G-tube.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO Order
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Lennox Gastual symdrom, Static encephalopraty, Klein-Levin syndrome hypotonia, oestoporosis DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff setup and pass meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, stand with staff assistance and lean on mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait & hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Staff offer items at a close distance
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff monitor and offer a sensory or rediriction activity
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: family, music, music therapy, paper, respositioning, being involved

Important for: NPO order, being weight, being engaged, seizure protocol, a team that advocates for him

Likes: fidgets or paper, music, playing instruments, going for walks, seeing his family, his "frog" time out of his wheelchair, and warm water

Dislikes: doing activities he does not enjoy, being in pain, not having paper/fidget, long periods in his wheelchair, not getting enough sleep.

Lead Review Completed: MK

Staff: _Jester J.S._ **Date:** _7/12/22_

PAI

Service Recipient: _John Doyle_
Service Span: _7/22 - 7/23_

Outcomes:

Outcome #1 _When John will choose music genre using 2 buttons presented [illegible] [illegible] 85% of [illegible]_
Staff will offer John 2 different genres while showing John
Staff will pull the button for each game while showing John
Give John time to listen and say him to pick a button to indicate his preference

Outcome #2 _[illegible] a cue for with choosing 2 sensory/fidget [illegible] not one w/at prompt from staff_
= 80% of [illegible]
Staff offer 2 visually [illegible] each item
[illegible] can tell if they would like
Give John to process + observe for signs of interest

Communication Style: _Facial expression, eye gazing, body language_

Learning Style: _Auditory, visual, kinesthetic, repetition and routine_

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: _[illegible] physical, PPE elements, and report concerns to residence_
Seizures: ☒ No ☐ Yes	Describe Supports: _[illegible] Gastaut-Sul-epilepsy_
Choking: ☒ No ☐ Yes	Describe Supports: _NPO, the buildup of greasy [illegible] off filters milk close seal_
Specialized Diet: ☒ No ☐ Yes	Describe Supports: _NPO order_
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: _[illegible] Gastaut syd, stale encephalopathy_ DNR/DNI: ☐ No ☒ Yes _Hypotonia, other [illegible]._
Medication at PAI: ☒ No ☐ Yes	Describe Supports: _Staff set up & administer [illegible] accept prescribed as [illegible] by pharmacy/prescript bottles_
Personal Cares: ☒ No ☐ Yes	Describe Supports: _Disposable [illegible], SW [illegible] staff [illegible] clean [illegible] filled, Staff support [illegible] doing cares_
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _Unsteady gait & hypotonia, staff support [illegible] the [illegible] weight_
Community Support: ☒ No ☐ Yes	Describe Supports: _[illegible] in community, staff model appropriate safety while in the community_
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: _[illegible] will [illegible], staff offer [illegible] if a cue [illegible]_
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _Self injurious behavior, staff [illegible] offer a sensory or redirected activity_
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: _N/A_
Important to:	_family, fidgets, paper, music, TV, gen_
Important for:	_NPO order, [illegible] of seizure protocol, a [illegible] bed advocate for him_
Likes:	_ripping of paper, family, TV, at his wheelchair_
Dislikes:	_activities he does not enjoy, big [illegible] on shoulders, not getting enough sleep._

Lead Review Completed: _MK_

Staff: ERIN SANDSTROM
Date: 7/12/22

PAI

Service Recipient: JOHN DOYLE
Service Span: JULY 2022 – JULY 2023

Outcomes:

Outcome #1 WEEKLY, JOHN WILL CHOOSE A MUSIC GENRE W/ MAC SWITCH.
1 - STAFF WILL OFFER 2 GENRES
2 - STAFF WILL PUSH BUTTON FOR EACH GENRE.
3 - GIVE TIME TO LISTEN AND ASK TO PUSH BUTTON.

Outcome #2 2x WEEK, JOHN WILL CHOOSE BETWEEN 2 SENSORY/FIDGET ITEMS.
1 - STAFF OFFER AND VERBALLY EXPLAIN EACH ITEM.
2 - VERBALLY ASK WHICH ITEM HE WOULD LIKE. 3 - ALLOW TIME TO CHOOSE.

Communication Style: FACIAL EXPRESSIONS, EYE GAZING, BODY LANGUAGE

Learning Style: AUDITORY, VISUAL, KINETHESTIC, ROUTINE

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: TEGRETOL, FELBAMATE, DEPAKOTE, MOLD
Seizures: ☒ No ☐ Yes	Describe Supports: LENNOX-GASTAUT SYNDROME
Choking: ☒ No ☐ Yes	Describe Supports: NPO ORDER - NUTRITION VIA G-TUBE
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO ORDER - NUTRITION VIA- G-TUBE
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: LENNOX-GASTAUT SYNDROME, ENCEPHALOPATHY HYPTOMA, OSTEOPOROSIS DNR/DNI: ☐ No ☒ Yes POLST
Medication at PAI: ☒ No ☐ Yes	Describe Supports: STAFF SET UP AND PASS MEDS
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, STAND W/ STAFF ASSISTANCE
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNSTEADY GAIT / HYPTONIA
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 COMMUNITY
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: CATARACTS, ITEMS AT CLOSE DISTANCE
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, STAFF WILL REDIRECT
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: FAMILY, FIDGETS, PAPER, M.T, REPOSITIONING

Important for: NPO ORDER, BEAR WEIGHT, ENGAGED, SEIZURE PROTOCOL TEAM WHO ADVOCATES FOR HIM.

Likes: FIDGETS, PAPER, MUSIC, WALKS, HIS "FROG", TIME OUT OF CHAIR

Dislikes: ACTIVITIES HE DOESN'T LIKE, BEING IN PAIN, LONG TIME IN W/C NOT ENOUGH SLEEP

#3 DAILY, JOHN WILL ACCEPT HOH OR HUH ASSISTANCE.   MK
1 - STAFF WILL TELL JOHN ACTIVITY AND ATTEMPT TO ASSIST

Lead Review Completed:

Staff: **Natalie Johnson**
Date: **7-13-2022**

PAI

Service Recipient: **John Doyle**
Service Span: **July 22-23**

Outcomes:

Outcome #1 Weekly, John will choose a music genre using a two-buttoned mae.
- Offer two diferent genres
- Staff push each button for each genre
- Given time to listen then ask him to push one button to indicate preference.

Outcome #2: Twice a week, John will choose between two sensory/ fidget items w/ one verbal prompt.
- Staff offer and verbally explain each item.
- Verbally ask whic item he would like.
- Allow time to process and observe for signs of interest

Communication Style: facial expressions, eye gazing, body language

Learning Style: auditory, visual, kinesthetic, repetition 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: Tegretol, felbamate, Pertussis vaccine Imune globulin Depakote, mold, dust and Pollen - Staff will monitor for reactions & report
Seizures: ☒ No ☐ Yes	Describe Supports: Lennox-gastaut Syndrom - form of epilepsy -Staff will follow protocol and provide support
Choking: ☒ No ☐ Yes	Describe Supports: NPO order. History of grabbing cups/drinks off tables G-tube
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Lennox-gastuat Syndrom, Static DNR/DNI: ☐ No ☒ Yes encephalopathy, Klein-levin syndrom, hypotonia, osteoporosis -Offer bean bag or recliner
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff set up and pass medications to John according to Prescriber's orders as directed
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, stand with staff assistance and lean on mat table. Support body during cares - may become unsteady
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Unsteady gait, stand with staff hypotonia
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the community. Staff model appropriate social and Staff safety.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Diagnosed with Cataraets
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: family, fidgets, paper, music, music therapy, repositioning, being involved

Important for: NPO order, bearing weight, being engaged, his seizure protocol, a team that advocates for him.

Likes: fidgets or paper, music, playing instruments, going for walks, seeing his family, his "frog", time out of wheelchair, and warm weather

Dislikes: Doing activities he does not enjoy, being in pain, not having a fidget/paper long periods in his wheelchair, not getting enough sleep

Lead Review Completed: **MK**

OUTCOMES:

Outcome #1: Weekly, John will choose a music genre using a two buttoned prerecorded Mack switch 85% of trials

Summarize Steps:

1.) Staff will offer John two different genres

2.) Staff will push the button for each genre while showing John

3.) Given time to listen then ask him to push one button to indicate his preference

Outcome #2: Twice a week, John will choose between two sensory/fidget items, with one verbal prompt from staff, in 80% of trials

Summarize Steps:

1.) Staff offer and verbally explain each item

2.) Verbally ask which item his would like

3.) Allow time to process and observe for signs of interest

Outcome #3: Daily, John will accept hand over hand or hand under hand assistance from staff to participate in an activity with his peers 75% of all trials

Summarize Steps: Verbally tell John what activity is starting and attempt to assist John with HOH or HUH

Communication Style: facial expressions, eye gazing, body language

Learning Style: auditory, visual, kinesthetic, repetition 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:** Tegretol, Felbamate, Pertussis Vaccine Immune Globulin, Depakote, mold, dust and pollen. -Staff will monitor John for allergic reactions and report any symptoms to his residence.
Seizures: ☒ No ☐ Yes	**Describe Supports:** diagnosed with Lennox-Gastaut Syndrome- a form of epilepsy -Staff will follow his protocol and provide support and comfort as needed.
Choking: ☒ No ☐ Yes	**Describe Supports:** NPO order. Has a history of grabbing cups/drinks off of tables within close reach. -Staff pass nutrition and medications via g-tube and report concerns to John's team.
Specialized Diet: ☒ No ☐ Yes	**Describe Supports:** NPO order. All nutrition received via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	**List & Describe Supports:** Lennox-Gastuat Syndrome, Static encephalopathy, Klein-levin Syndrome, Hypotonia, Osteoporosis -Staff help John reposition and offer a bean bag or recliner if needed. Staff are trained on his chronic medical conditions. DNR/DNI: ☐No ☒ Yes (POLST order with DNR/DNI directives)
Medication at PAI: ☒ No ☐ Yes	**Describe Supports:** Staff set up and pass medications to John according to prescriber's orders and as directed by the pharmacy/prescription bottle.
Personal Cares: ☒ No ☐ Yes	**Describe Supports:** Disposable brief, stand with staff assistance and lean on mat table -Staff support John's body during personal cares as he may become unsteady
Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** Unsteady gait and hypotonia -Staff support John while he is bearing weight
Community Support: ☒ No ☐ Yes	**Describe Supports:** 1:1 in the community. Staff model appropriate social and pedestrian safety skills.

Staff: Tony

Date: _____

PAI

Service Recipient: John

Service Span: _____

Outcomes:

Outcome #1 John Chooses music genres using two buttoned PreRecorder.
Off 2 different genres
Show options and Push button

Outcome #2: Chaose between two Sensory fidget Items

Communication Style: facial, eye, body

Learning Style: auditory, visual, Kinesthetic
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: Tegretol, Felbamate, Pertussis vaccine immune Globulin Depakote mold dust Pollen
Seizures: ☐ No ☐ Yes	Describe Supports: diagnosed Lennox-Gastaut Syndrom
Choking: ☐ No ☐ Yes	Describe Supports: NPO Order history of grabbing clips off table within Reach
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO order g-tube
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Lennox Gastaut, static enckephalopathy DNR/DNI: ☐ No ☑ Yes Kline Levin Syndrome Hypotonia osteoporosis
Medication at PAI: ☐ No ☐ Yes	Describe Supports: Set up and Pass according to doctors orders
Personal Cares: ☐ No ☐ Yes	Describe Supports: Disposable briefs Stand/leans on Stand/matt table
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Unsteady gait and hypotonia
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in Community model Social Safety Skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Cataracts
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Self injurious behavior
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: family fidgets Paper music/therapy
Repetition been involved

Important for: NPO order
been weigh been engaged seizure Puched advocacy

Likes: fidgets Paper Player music walks
for the family warm weather

Dislikes: Pain not health Paper or fidget not Char Sleep

Lead Review Completed: MK

OUTCOMES:

Outcome #1: Choose a music genres
Summarize Steps:
-give him button to push
- help him pick music

Outcome #2: 2x weekly, choose a sensory item
Summarize Steps:
- Staff offer 2 choices
-verbally explain each item

Communication Style: Facial expressions, eye gazing

Learning Style: Kinesthetic, 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: Felbamate, mold, dust pollen	
Seizures: ☑ No ☐ Yes	Describe Supports: epilepsy, 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: Lennox-Gastaut Syndrome Hypotonia	DNR/DNI: ☐ No ☑ Yes (POLST order)
Medication at PAI: ☑ No ☐ Yes	Describe Supports: staff pass medications	
Personal Cares: ☑ No ☐ Yes	Describe Supports: brief, staff assist, stands @ table	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Staff propel wheelchair, safety straps on	
Community Support: ☑ No ☐ Yes	Describe Supports: model appropriate behavior	
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: cataracts	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Self-injurios behavior	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A	

Important to:
family, fidgets, paper, music

Important for:
NPO order, bearing weight, seizure protocol

Likes:
Fidgets, music, paper, his frog

Dislikes: doing activities he doesn't enjoy, being in pain

Staff: Jenny Trimble

Date: 7/12/22

PAI

Service Recipient: John Doe

Service Span: 7/2022 – 7/2023

OUTCOMES:

Outcome #1:	Weekly, Choose music Genre Using a Duone Switch
Summarize Steps:	John will be offered two music Genres
Outcome #2:	2x a week, John will choose 2 sensory
Summarize Steps:	items / Fidgets. offer Fidgets

Communication Style: Ferial expression, eye gazing, body language

Learning Style: auditory, visual, kinesthetic repition & 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: Tegretol, Felbamate, Pertussis Vaccine, Immune Gloubling, Depakote
Seizures: ☒ No ☐ Yes	Describe Supports: Diagnosed Lennox - Gastrout - Syndrome Follow Seizure protocol
Choking: ☒ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Lennox - Gastrout syndrome, Klein Levin Syndrome, hypotonia, Osteoperosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff set-up meds & pass them to Prescribers orders and as directed by Pharmacy/Prescriber
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, Stand with staff
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady Gait & hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Diagnosed w/ Cataracts
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB. Redirect him w/ activity
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to:	Family, Fidgets, repositioned, music, music Theapy being involved
Important for:	NPO order, bearing weight being engaged, Seizure Protocol, Team coordinates
Likes:	Fidgets, Paper, playing instruments,
Dislikes:	Activities he doesn't enjoy, being in pain

Lead Review Completed: MK

Staff: Colette Rice

Date: 7.12.22

PAI

Service Recipient: John Doyle

Service Span: July 22 → July 23

OUTCOMES:

Outcome #1: Weekly choose music Genre

Summarize Steps:
- give him button to push
- help him pick music

Outcome #2: x2 choose fidget item

Summarize Steps: Staff offer 2 choices

Communication Style: Facial expressions, Auditory, repitition

Learning Style: repetition, kinestetic

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: felbamate, mold, dust pollen
Seizures: ☒ No ☐ Yes	Describe Supports: epilepsy, 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: lennox-G, Gastuant Syndrome DNR/DNI: ☐ No ☒ Yes (Post order)
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass medications
Personal Cares: ☐ No ☐ Yes	Describe Supports: brief, Staff assist, stands @ table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, Safety Straps on
Community Support: ☒ No ☐ Yes	Describe Supports: model appropriate behavior
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cataracts
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
family, fidget, paper, music

Important for:
NPO order, bearing weight

Likes:
fidgets, music, family, bearing weight

Dislikes: being in pain, no paper available

Lead Review Completed: _____ MK

Staff: **Morgan B.**
Date: **7/12/2022**

PAI

Service Recipient **John Doyle**
Service Span: **July 22-23**

OUTCOMES:

Outcome #1: choose music genre weekly
Summarize Steps:
Offer 2 genres
push button for each genre, give time to listen, ask him to choose genre

Outcome #2: choose 2 sensory items
Summarize Steps:
Offer verbally
verbally ask, allow time to process/observe for interest signs

Communication Style: eye gaze, facial expressions

Learning Style: auditory, visual

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: tegretol, felbamate, pertussis, depakote, mold, dust/pollen
Seizures: ☒ No ☐ Yes	Describe Supports: lennox-gastaut syndrome - form of epilepsy
Choking: ☒ No ☐ Yes	Describe Supports: NPO, grab cups off table in close reach
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: lennox-gastaut, static, oseopsorosis Hypotonic DNR/DNI: ☐ No ☒ Yes (DNR/DNI directives)
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Set up/pass meds to John according to perscriber/perscription bottle.
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, lean on mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait hypertonia
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: cataracts, offer things at close distance
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self injurous
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
family, fidgets, paper, music therapy

Important for:
NPO order, bear weight, seizure protocol

Likes:
fidgets, music, warm weather "frog" his

Dislikes: being in pain, no paper/fidget, not enough sleep

Lead Review Completed: **MK**

Staff: Deanne Lepley

PAI

Date: 7-12-22

Service Recipient: John Doyle

Service Span: July 2022 - July 2023

OUTCOMES:

Outcome #1: Weekly John will choose a music genre using a 2 button precorded made
Summarize Steps: Sure as shown of 2 genres. offer 2 different genres, push button for each genre while showing John, listen then ask to push button to indicate his preference

Outcome #2: 2x choose between 2 sensory/fidget items w/ 1 verbal prompt
Summarize Steps: Verbally explain each item, ask which he would like

Communication Style: Facial expressions, eye gazing, body language

Learning Style: auditory, kinesthetic, 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: Testol, Felbamate, pertussis vaccine Immune Globuline, Depatile, mold, dust, pollen
Seizures: ☐No ☐Yes	Describe Supports: Lennox-Gastaut Syndrom - form of epilepsy
Choking: ☑No ☐Yes	Describe Supports: NPO order - has history of grabbing cups/drinks
Specialized Diet: ☑No ☐Yes	Describe Supports: NPO order - Nutrition recvd via g-tube
Chronic Medical Conditions: ☑No ☐Yes	List & Describe Supports: Lennox-Gastaut Syndrom Static encephalopathy, Kleen-levin syndrome Hypotonia, Osetoporosis DNR/DNI: ☐No ☑Yes (past order dnr (dni directives)
Medication at PAI: ☐No ☑Yes	Describe Supports: Staff set up & pass med according to prescribers orders & directed by pharmacy
Personal Cares: ☑No ☐Yes	Describe Supports: Disposable brief, stand w/ staff assistance + lean on mat table
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: Unsteady gait + hypotonia - staff support when bearing weight
Community Support: ☑No ☐Yes	Describe Supports: 1:1 in community
Sensory Support: ☑No ☐Yes	List & Describe Supports: Diagnosed w/ cataracts - offer items at close distance
Behavior Support: ☑No ☐Yes	List & Describe Supports: Self injurious behaviors Staff monitor + redirection activity
Unsupervised Time: ☑No ☐Yes	Describe Supports: N/A

Important to: Family, Fidgets, Paper, music, music therapy

Important for: NPO, Bearing weight, Seizure protocol

Likes: fidgets, music, playing instruments, going for walks. Seeing his family, time out of chair

Dislikes: doing activities he doesn't enjoy, being in pain, not having paper/Fidget, long periods in wc, not getting enough sleep

Lead Review Completed: _MK_

Staff: Cindy Bry
Date: 7.12.22

PAI

Service Recipient: John D
Service Span: 7-22/7.23

Outcomes:

Outcome #1 Weekly choose music genre using 2 button pre-recorded mand switch.
Staff offer different genres. Staff will push button for genre.
Give him [?] button then ask to push one button to indicate preference.

Outcome #2: 3x Week choose sensory item with 1 verbal prompt.
Staff will explain each item.
Allow process time + observe for choice.

Communication Style:
Facial expression, eye gazing, body language.

Learning Style:
Auditory, visual, 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: Keppra toli, mold, dust, pollen, Depakote
Seizures: ☒ No ☐ Yes	Describe Supports: Lennox-Gastaut Syndrome - follow protocol.
Choking: ☒ No ☐ Yes	Describe Supports: NPO order - History of grabbing drinks - nutrition g-tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Lennox-Gastaut, static encephalopathy, Kleine-Levin syndrome - Hypotonia osteoporosis DNR/DNI: ☐ No ☒ Yes Bean bag + recliner
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff assistance
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, staff assistance + lean on mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff support - unsteady gait + hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: Lil in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Cataracts - offer items at a close distance
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB - Staff monitor + offer sensory or redirect.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No time

Important to: Family, fidgets, paper music, repositioning.

Important for: NPO order, bearing weight, engaged, seizure protocol

Likes: Fidgets, paper, music, walks, family time, Lis Frey.

Dislikes: Not having fidgets, being twist in wheelchair, not enough sleep

Lead Review Completed: MK

Staff: Jill Sales
Date: 7-12-22

PAI

Service Recipient: John Doyle
Service Span: July 22 - July 23

Outcomes:

Outcome #1 Choose music genre using mack switch 85% g trials

Outcome #2: 2 x week John choose between 2 sensory or fidget items with one verbal prompt

#3 Daily will accept HoH for assistance from staff in activity w/ peers

Communication Style:
facial expressions, eye gazing, body language

Learning Style:
auditory, visual, kinesthetic, 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: figurted felbamate pertussis vaccine globulin, sepakote, mold dust + pollen
Seizures: ☒No ☐Yes	Describe Supports: Hx with lennox-gastat syndrome epilepsy
Choking: ☒No ☐Yes	Describe Supports: NPO - hx grabbing cups/dinnies off tables
Specialized Diet: ☒No ☐Yes	Describe Supports: NPO order - via G-tube
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: lennox gastrut syndrome, encephilopathy, klein levin syndrome, hypotonia, osteoporosis DNR/DNI: ☐No ☒Yes 5feps
Medication at PAI: ☒No ☐Yes	Describe Supports: stay to pass per doctors orders
Personal Cares: ☒No ☐Yes	Describe Supports: Disposable briefs - stands w/ staff assist at mat table
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: unsteady gait, hypotonia
Community Support: ☒No ☐Yes	Describe Supports: 1:1 in community
Sensory Support: ☒No ☐Yes	List & Describe Supports: cataracts, offer items close distance
Behavior Support: ☒No ☐Yes	List & Describe Supports: self injurious behaviors. redirect activity
Unsupervised Time: ☒No ☐Yes	Describe Supports: NA

Important to:
Family, fidgets, paper, music

Important for:
NPO order, bearing weight, being engaged, seizure protocol

Likes: fidget or paper, music, playing instruments, walks, family

Dislikes: doing activities he does not enjoy, being in pain/not having paper/fidgets, not enough sleep, in WC too long

Lead Review Completed: MK

Outcomes:

Outcome #1
Via BiWeekly John will chose a music genre
Via Big Mac switch
Offer 3 type, staff Push Button, Give 3x to choose

Outcome #2: Twice a week, John will choose between
two. Sensory fidget items
Offer 2 & explain each item, Ask, Give him a chance to chose

Communication Style:
Facial Expressions, Eye Gazing, Body Language

Learning Style:
Auditory, Visual, Kinesthetic, Repetition + Routine

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

Category	Supports
Allergies: ☒ No ☐ Yes	List & Describe Supports: Tegretal, Felbamate, Pertussis Vaccum, Depakote, Dust + Pollen
Seizures: ☒ No ☐ Yes	Describe Supports: Lennox - Gastant syndrome - epilepsy Follow Protocol
Choking: ☒ No ☐ Yes	Describe Supports: NPO - G Tube staff outrained + report
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Lennox - Gastuat. Syndrome, Static Encephalopathy Klein-Livin Syndrome, Hypotonia, Osteoporosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff outrained to pass + monitor
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief - Stands + holds Mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady Gait / Hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: Protect + Scin
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cataracts - Close distance to see
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self Injurious - redirection, Monitor offer options
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to:
Family, Fidget, Music Therapy, Family, Repositioning

Important for:
NPO, Being Weight Engaged, Seizure Protocol

Likes:
Eagles, Paper, Music, Going for walks, family

Dislikes:
No Paper, fidgets

Lead Review Completed: _MK_

Staff: Sara Ranweiler
Date: 7-12-22

PAI

Service Recipient: John Doyle
Service Span: _____

Outcomes:

Outcome #1 Weekly John will choose a music genre using 2 button prerecorded mac switch

Outcome #2: Twice a week, John will choose between 2 sensory fidget item.

Outcome #3 - Daily John will accept hand over hand

Communication Style: facial expressions, eye gazing, body language

Learning Style: auditory, visual, kinesthetic, 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: Tegratol, felbamate, pertussis vaccine, dust/pollen
Seizures: ☒ No ☐ Yes	Describe Supports: diagnoised with Lennox-Gastaut sydrome
Choking: ☒ No ☐ Yes	Describe Supports: NPO, history of grabbing cup in close reach
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO, recieved via G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Lennox-Gastaut syndrome, static encephalopathy Klein-levin syndrome, hypotonia, osteoporosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff set up
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposibe brief w/ staff assistance, or leen on mat table
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: unsteady gait, hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: 1to1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: cateraets, staff offer items at close distance
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self injurious behaviors
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to:	his family, fidgets, paper, music therapy, repositioning, being involved
Important for:	NPO order, bearing weight, being engaged, seizure protocol team that advocates for him
Likes:	fidgets, paper, music, playing instruments
Dislikes:	doing activities he does not enjoy

Lead Review Completed: _____ MK

Staff: Laura Stacken
Date: 7/12/22

PAI

Service Recipient: John Doyle
Service Span: July 22 - July 23

OUTCOMES:

Outcome #1: Weekly, John will choose a music genre using a two buttoned
Summarize Steps: Prerecorded mack switch.

Outcome #2: John will chose between two sensory items, with one verbal prompt
Summarize Steps:

Communication Style: Facial expression, eye gazing, body lang
Learning Style: Auditory, visual, kinesthetic, & 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: Mold, dust, & pollen Tegretol, felbamate, pertussis. Vaccine. immune Globin, Depakote,
Seizures: ☒ No ☐ Yes	Describe Supports: Lennox-Gastaut Syndrome, a form of epilepsy of table
Choking: ☒ No ☐ Yes	Describe Supports: NPO order History of grabbing cups/drinks off
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO orders All nutrition - G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Lennox Gastaut Syndrome, Static encaphaly pathy DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: ·
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, stand w/ staff assist & lean on mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait & hypotonia
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Cataracts
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurous behaviors
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Family, Fidgets, paper, music, music therapy, reposisting, being involved
Important for: NPO, bearing weight, being engaged, his seizure protcol
Likes: Fidgets or paper music playing.
Dislikes: loud enviurnments, being rushed, gas

Lead Review Completed: _____ MK

OUTCOMES:

Outcome #1: choose music genre w/ mack switch

Summarize Steps:
-off two diff. genres
- let him hit mack switch   3) HOH assist w/activity

Outcome #2: 2 sensory or fidget items

Summarize Steps:
- offer/verbally ask John
- look for signs of intrest

Communication Style: face exp. eye gazing

Learning Style: Auditory, visual, kinisthetic, 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: Tegretol, Felbamate, mold, dust, pollen.
Seizures: ☐No ☐Yes	Describe Supports: lenox - epilepsy - 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: DNR/DNI: ☐No ☑Yes (POLST) Lennox- gastant syndrome, octeoporosis, Hypotaxia
Medication at PAI: ☑No ☐Yes	Describe Supports: - thru G-tube.
Personal Cares: ☑No ☐Yes	Describe Supports: Brief - Stand w/ assist at mat table.
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: Staff propel WC. - make sure all strapped in.
Community Support: ☑No ☐Yes	Describe Supports: Full Assist 1:1
Sensory Support: ☑No ☐Yes	List & Describe Supports: Cataracts, offer items close distance.
Behavior Support: ☑No ☐Yes	List & Describe Supports: SIB's, offer redirection
Unsupervised Time: ☑No ☐Yes	Describe Supports: N/A

Important to:
Family, fidgets paper, music, music therapy,

Important for:
NPO order, bearing weight, seizure protocol

Likes:
Paper, fidgets music, his frog.

Dislikes: art, he doesn't enjoy, not enough sleep, No paper,
                                                                    being bored.

Lead Review Completed: _____ MK _____

Staff: Kylla

Date: _____

PAI

Service Recipient: Jhon

Service Span: _____

Outcomes:

Outcome #1 weekly Choose music gene
Staff will offer 2 diffent genre
will press button for each genre

Outcome #2: 2x week Jhon will choose between 2 fidget
Staff will offer verbally which item he wants to choose
Allow time to process

Communication Style:
facial, Eye gazing, body language

Learning Style:
Auditory, visual, Kinesthetic, 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: Dust & Pollen
Seizures: ☐ No ☐ Yes	Describe Supports: Lennox-Gastaut Syndrom – epilepsy
Choking: ☑ No ☐ Yes	Describe Supports: Has history of grab glass in close reach
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO order - All nutrition via G-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Hypertonia Staff DNR/DNI: ☐ No ☑ Yes Has DNR Directive
Medication at PAI: ☑ No ☐ Yes	Describe Supports: As doctors order
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gate.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 Staff model staffey skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Staff offer items @ close distance
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: SIB - Staff will monitor
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None

Important to:
family, paper, music therapy

Important for:
baring weight

Likes: fidget, paper, walk, warm weather

Dislikes: Doing things he dosent enjoy, not enough sleep

Lead Review Completed: _____ MK