



# In-Service Training Log – Oakdale

Date:

7.6.2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Tristen Lorsung, LDSP			TM Comp Quiz
.25	Emily Elsenpeter, PS			DW Semi Annual Updates

Make up Date	Initial	EE ID	Last Name
8-2-22	MBP		Basurto-Poferl, Mari
			<del>Berglund, Sara</del>
	AD		Diaz, Amanda
	PD		Dyer, Paris
	KFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	CG		Greyer, Consuelo
	UA		Hartman, Lisa
7-8-22	TL		Lorsung, Tristen
	KA		Perry, Kathy

Make up Date	Initial	EE ID	Last Name
	JP		Pratt, Jalysa
	DS		Smith, Deshane
	DM		St. Martin, Deb
	MS		Sweeney, Maurita

Make Up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
			<del>Elsenpeter, Emily</del>
		AS	Shirley, Ashleigh

Make up Date	Initial	EE ID	Other Attendees



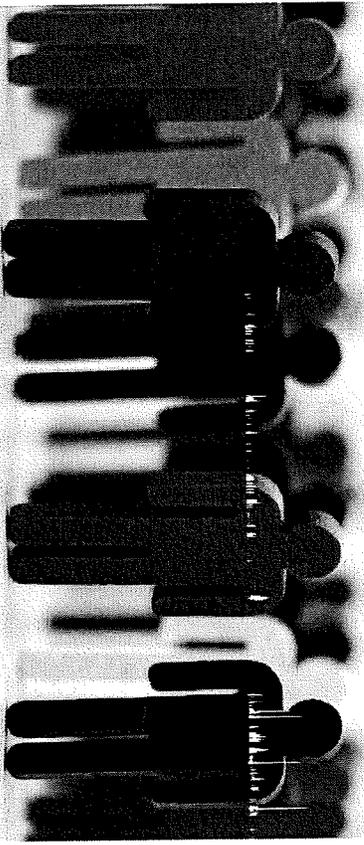




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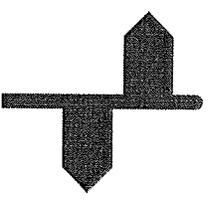
# PAI-Oakdale Team Meeting

7.6.2022





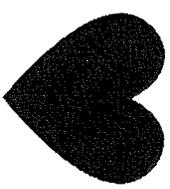
# Welcome



Sign In



Introductions

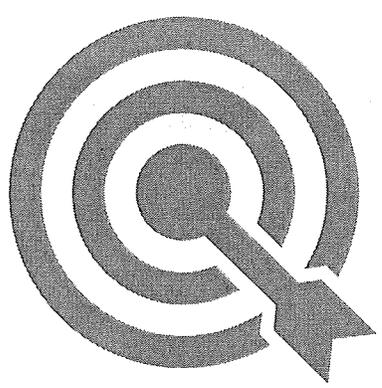


A moment of gratitude



# Agenda

Competency Reviews  
Semi-Annual  
Wrap Up



# Competency Reviews

<p><b>Outcome #1:</b> Daily, Terrell will use the ASL sign for walk to indicate he would like to go for a walk in 80% of all opportunities over the next 12 months.</p> <p>Model sign, provide reminders, once TM uses sign, assist him in going for a walk.</p>
<p><b>Outcome #2:</b> Monthly, Terrell will choose an outing he would like to go on in 80% of all opportunities over the next 12 months.</p> <p>Present 4 outing options using picture cards, review 1 by 1, time to make choice, inform when the outing is</p>
<p><b>Communication Style:</b> Facial expressions, vocalizations, sign language, reaching for or pointing to items he wants and eye gazing. Deaf but able to read lips when staff stand in front of him and speak slowly and clearly, responds to short and distinct verbal phrases, modeling, limited sign language and physical cues.</p>
<p><b>Learning Style:</b> Routine, verbal cues, physical cues, model prompts, gestures, and repetition.</p>

Terrell Monjeau  
June 2022-June 2023



# Competency Reviews

<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>List &amp; Describe Supports:</b>  <b>Attention Deficit Disorder &amp; Autistic like Behaviors:</b> Terrell has a routine he follows while at PAI, when having difficulties in focusing Terrell will be redirected to the task at hand, offered a quite space and ample time to complete tasks.  <b>Cerebral Palsy (CP):</b> Supported in all areas involving coordination.  <b>Constipation:</b> Encouraged to drink fluids throughout his day, PAI staff will report symptoms or concerns related to constipation to residence in addition to his daily output while at PAI.</p>	<p><b>DNR/DNI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b>          No current medications, if he were to come in with a new medication or PRN Terrell takes his medications whole orally in soft foods followed by a drink administered by staff.</p>	
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b>          Disposable brief and due to his physical limitations, is not able to complete his personal cares. Terrell is transferred by two staff persons using a Hoyer lift or one staff using the in-ceiling track system. He wears a sling from home underneath him for the duration of his day.</p>	

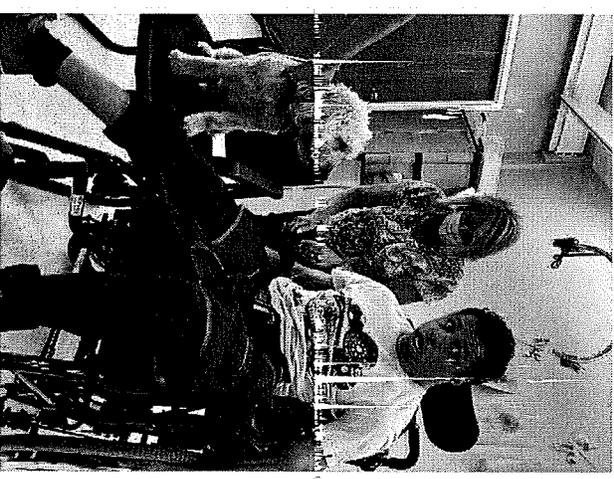
Terrell Monjeau  
 June 2022-June 2023



# Competency Reviews

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Cigarette smoke, staff use caution when in the community and will remove Terrell if an individual smokes in his presence. Staff who smoke during their break are asked to leave their coats outside of the program room. Concerns communicated to residence
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> 2 possible seizure experiences in November and December of 2006- arms jerking at the chest area, legs spreading outwards, head jerking from side to side, and incontinence, alert after the seizure activity. Staff are trained to the location of seizure protocol.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> bite sized diet, staff assist in preparing snacks and meals per orders, visually monitored during meals, and helped as needed, shoulder straps while eating to promote good posture
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Lipped plate, thick handled spoon, or fork to eat independently, spouted cup or a straw to drink. Verbal cues or physical assistance if refuses to eat independently and/or is experiencing high/low tone.

Terrell Monjeau  
 June 2022-June 2023



# Competency Reviews

<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> When in wheelchair, seatbelt and pelvic strap are secured. If he unbuckles it, staff will sign "no" and reconnect it. If removed again, he will be offered additional repositioning options, shoulder straps during transportation or when leaning forward for prolonged periods, able to propel his wheelchair short distances; however, he is not able to propel his wheelchair extended distances.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Staff provide supervision and physical support to Terrell while in the community to practice all pedestrian and traffic safety skills, observe what is occurring and intervene on his behalf if a potentially dangerous situation were to happen, call 911 in an emergency.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Profoundly deaf: Staff orient themselves in front of Terrell, so he is able to look at them when they address him and use sign language, hand gestures, and facial expressions to communicate with Terrell.

Terrell Monjeau  
 June 2022-June 2023



# Competency Reviews

<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> <b>Bite and hit self:</b> Staff will verbal ask Terrell to stop, offer repositioning for comfort and his PRN Acetaminophen if he communicating he is in pain. If during personal cares or transfers, he will not be repositioned until he is calm, if attempts to self-stimulate, staff will ask him to stop by signing “stop” and “later”.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Terrell has no unsupervised time
<b>Important to:</b> Having a snack every day with fun and engaging people to be around, being around familiar staff and friends who support growth, being independent, getting out for walks during his day.	
<b>Important for:</b> To be supported in being physically active, that he continues to grow and expand his ability, to form friendships, communicate, and make choices.	
<b>Likes:</b> 1:1 time with staff, socializing with peers, being outside, playing games, and sensory activities. He enjoys most outings in the community especially ones with a snack or meal. Terrell really enjoys eating and will frequently use his ASL sign for “eat”.	
<b>Dislikes:</b> Terrell does not like waiting to eat when hungry; he likes to eat frequently and can become irritated especially when it comes to food.	

Terrell Monjeau  
 June 2022-June 2023



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## **Semi-Annual Reviews**

Davis Wolf

Outcome 1: Daily, Davis will use a 2–3-word phrase during an activity in 70% of all trials over the next year.

Outcome 2: Daily, Davis will choose 2 staff members and/or peers that he would like to visit in 75% of all trials over the next year.

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## 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: Moni BV

Date: 7-12-22



Service Recipient: terrell m en/cao

Service Span: June 22-23

Outcomes:

Outcome #1	<del>start with verbal ask</del> <u>terrell will use</u> <u>ASL sign for walk to indicate he would like</u> <u>to go for a walk</u> <u>-model sign, provide reminders, once he uses sign assist him in walk</u>
Outcome #2:	<u>Months</u> <u>terrell will choose an activity he would like to</u> <u>go on</u> <u>-present 4 activity options using picture cards, model</u> <u>1 by 1</u>
Communication Style:	<u>facial expressions, vocalizations, sign language,</u> <u>reaching or pointing to items he wants, eye gazing</u>
Learning Style:	<u>Routine, verbal cues, physical cues, model prompts,</u> <u>gestures &amp; 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>Cigarette smoke, stuff use caution &amp; remove terrell</u> <u>if individual smokes in presence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 possible seizure experiences in November &amp; December of 2006</u> <u>and jerking legs around &amp; head jerking &amp; incontinence</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>soft diet, staff assist in properly swallow &amp; neck</u> <u>been under, closely monitored daily meals, helped as needed</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lip &amp; plate, thick handed spoon, allow to eat independently</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Attention deficit disorder &amp; autistic like behaviors</u> <u>has CP &amp; constipation</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No current meds it be here to come in w/ meds on</u> <u>PRN would take orally w/ soft foods</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief &amp; cannot complete life tasks, transport</u> <u>w/it, wear gilly daily day</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, scarf &amp; pelvic strap secured</u> <u>shoulder straps, cannot exit pool extended distance</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision &amp; physical support while in</u> <u>community &amp; practice pedestrian &amp; traffic safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Profoundly deaf, staff orient themselves in time &amp; time</u> <u>w/ sign language &amp; hand gestures</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bite &amp; hit staff will ask terrell to stop</u> <u>if attend PRN act/communicate in pain</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Hardy snack everyday, familiar soft, being independent,</u> <u>walks</u>
Important for:	<u>Being supported in being physically getting exercises to use</u> <u>&amp; expand his ability to form friendships &amp; communicate</u>
Likes:	<u>1 of the w/ soft, sociality, being outside, playing games</u> <u>sensory activities, funny &amp; sign &amp; eat</u>
Dislikes:	<u>Waiting to eat, likes to eat frequently &amp; can become</u> <u>irritated especially when it comes to food</u>

Lead Review Completed: [Signature]



Staff: Deshane Smith

Date: 07/11/22



Service Recipient: Terrell M.

Service Span: June 2022-2023

Outcomes:

Outcome #1	Daily, Terrell will use the ASL Sign for walk to indicate he would like to go for a walk
Outcome #2:	Monthly, Terrell will choose an outing he would like to go on in 90%.
Communication Style:	Facial expressions, vocalizations, sign language, reaching for or pointing to items he wants and eye gazing
Learning Style:	Routine, verbal cues, Physical cues, model prompts, gestures and repetition

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: Cigarette smoke staff will use caution when in the community and will remove tyrell if an individual smokes in his presence
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible seizures experiences in November and December of 2006
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size diet staff assist in preparing snacks and meals per orders visual monitored during meals
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lipped Plate, thick handled spoon, or fork to eat independently sponged cup or a straw to drink
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Attention deficit disorder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes and Autistic like behaviors, Cerebral Palsy Constipation
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current Medications
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief and due to his physical limitations is not able to complete his personal cares
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: When in wheelchair seatbelt and pelvic straps are secured if he unbuckles it staff will sign "NO"
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support while in the community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Profoundly deaf staff orient themselves in front of Terrell so he is able to look at them when they address him
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff will verbal ask Terrell to stop, offer repositioning for comfort and his PRN acetaminophen if he communicates his hurt
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO unsupervised time

Important to: Having a snack everyday with fun and engaging people to be around being around familiar staff and friends

Important for: to be supported in being physical active, that he continues to grow and expand his ability to form friendships

Likes: Time with staff, being outside, playing games and sensory activities

Dislikes: Terrell does not like waiting to eat when hungry he likes to eat frequently and can become irritated especially when it comes to food



Staff: Emily Eisenpeter  
 Date: 7.16.2022



Service Recipient: 6.2022 - 6.2023  
 Service Span: Terrell Monjeau

**Outcomes:**

<p><b>Outcome #1:</b> Daily, Terrell will use the ASL sign for walk to indicate he would like to go for a walk in 80% of all opportunities over the next 12 months.          Model sign, provide reminders, once TM uses sign, assist him in going for a walk.</p>
<p><b>Outcome #2:</b> Monthly, Terrell will choose an outing he would like to go on in 80% of all opportunities over the next 12 months.          Present 4 outing options using picture cards, review 1 by 1, time to make choice, inform when the outing is</p>
<p><b>Communication Style:</b> Facial expressions, vocalizations, limited sign language, reaching for or pointing to items he wants and eye gazing. Deaf but able to read lips when staff stand in front of him and speak slowly and clearly, responds to short and distinct verbal phrases, modeling, limited sign language and physical cues.</p>
<p><b>Learning Style:</b> Routine, verbal cues, physical cues, model prompts, gestures, and repetition.</p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          Cigarette smoke, staff use caution when in the community and will remove Terrell if an individual smokes in his presence. Staff who smoke during their break are asked to leave their coats outside of the program room. Concerns communicated to residence</p>
<p><b>Seizures:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          2 possible seizure experiences in November and December of 2006-arms jerking at the chest area, legs spreading outwards, head jerking from side to side, and incontinence, alert after the seizure activity. Staff are trained to the location of seizure protocol.</p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          bite sized diet, staff assist in preparing snacks and meals per orders, visually monitored during meals, and helped as needed, shoulder straps while eating to promote good posture</p>
<p><b>Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Lipped plate, thick handled spoon, or fork to eat independently, spouted cup or a straw to drink. May need verbal cues or physical assistance if he refuses to eat independently and/or is experiencing high/low tone.</p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>          Attention Deficit Disorder &amp; Autistic like Behaviors: Terrell has a routine he follows while at PAI, when having difficulties in focusing Terrell will be redirected to the task at hand, offered a quiet space and ample time to complete tasks.          Cerebral Palsy (CP): Terrell is supported in all areas involving coordination.          Constipation: Encouraged to drink fluids throughout his day, PAI staff will report symptoms or concerns related to constipation to residence in addition to his daily output while at PAI.</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          No current medications, if he were to come in with a new medication or PRN Terrell takes his medications whole orally in soft foods followed by a drink administered by staff.</p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Disposable brief and due to his physical limitations, is not able to complete his personal cares. Terrell is transferred by two staff persons using a Hoyer lift or one staff using the in-ceiling track system. He wears a sling from home underneath him for the duration of his day.</p>
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          When in wheelchair, seatbelt and pelvic strap are secured. If he unbuckles it, staff will sign "no" and reconnect it. If removed again, he will be offered additional repositioning options, shoulder straps during transportation or when leaning forward for prolonged periods, able to propel his wheelchair short distances; however, he is not able to propel his wheelchair extended distances.</p>
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Staff provide supervision and physical support to Terrell while in the community to practice all pedestrian and traffic safety skills, observe what is occurring and intervene on his behalf if a potentially dangerous situation were to happen, call 911 in an emergency.</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          Profoundly deaf: Staff orient themselves in front of Terrell, so he is able to look at them when they address him and use sign language, hand gestures, and facial expressions to communicate with Terrell.</p>
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:</p>

Lead Review Completed: AS

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

	Bite and hit self: Staff will verbal ask Terrell to stop, offer repositioning for comfort and his PRN Acetaminophen if he communicating he is in pain. If during personal cares or transfers, he will not be repositioned until he is calm, if attempts to self-stimulate, staff will ask him to stop by signing "stop" and "later".
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Terrell has no unsupervised time
<b>Important to:</b>	It is important to Terrell that he have a snack every day with fun and engaging people to be around. He wants to be around familiar staff and friends who support his growth. Terrell wants to do things for himself. He also enjoys getting out for walks during his day to visit his friends and other staff members.
<b>Important for:</b>	It is important for Terrell that he be supported in being physically active, that he continues to grow and expand his ability, to form friendships, communicate, and make choices. To get assistance in eating when his tone is high/low, that he be as independent at he is able.
<b>Likes:</b>	1:1 time with staff, socializing with peers, being outside, playing games, and sensory activities. He enjoys most outings in the community especially ones with a snack or meal. Terrell really enjoys eating and will frequently use his ASL sign for "eat".
<b>Dislikes:</b>	Terrell does not like waiting to eat when hungry; he likes to eat frequently and can become irritated especially when it comes to food.

Lead Review Completed: \_\_\_\_\_

Staff: Lisa Hartman



Service Recipient: Terrell Monjeau

Date: 7-6-22

Service Span: June 22-23

Outcomes:

Outcome #1 Daily, Terrell will use the ASL sign for walk to indicate he wants to go for a walk. Model, reminders, TM use signs

Outcome #2: Monthly, choose outings he wants to go on 4 options - picture cards, explain each let pick assist = walk

Communication Style: facial expressions, vocalizations, sign language reading/picturing to want - Deaf but able to read lips

Learning Style: routine VC, PC / model prompts gestures, repetition

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: Alergin to egg, smoke - use caution in comm. - Staff take off coat cider to home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible in NOV. + Dec 2000 jerking, arms, legs out head jerking Staff are trained in seizure protocol location
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size, assist prep. Snacks + meals, vis. monitor help as needed - shoulder strap
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: help as needed tipped plate, things handled spoon or fork spouted cup or straw to drink - VC/physical assist
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: routine follows, A/D, Autistic like behavior DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes CP - supply + constipation - drink liquids
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current / PRN whole ovuley in soft breads followed by liquid
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, 2 staff helper / cleaning track (per) slings on all day total assistance
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seat belt + pelvic strap - reconnect if in same reposition, propels short distances (w/c)
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assist + support - traffic/safety skills All in emergency - staff help in dangerous sit.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: profoundly deaf - staff orient themselves in front of him - sign language, hand gestures + facial expressions to communicate + Terrell
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: bite + hit self - repetition, PRN acetaminophen ask to stop do not take out of chair until calm
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: to unsupervised time
Important to:	snack every day, familiar staff, walks, being independent
Important for:	physically active, continues to grow, form friendships communicate + make choices.
Likes:	1/2 time + staff, outside, outings, eating, playing games
Dislikes:	having to wait when hungry, waiting for food (likes to eat frequently)



Staff: Consuelo Greyer



Service Recipient: Terrell

Date: 7-6-2022

Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Daily Terrell will use the ASL sign to indicate he would like to go for a walk in 80% in 12 months

Outcome #2: Monthly Terrell will choose an outing he would like to go on in 80% of all opportunities over next 12 months

Communication Style: facial expressions, vocalizations, sign language reaching or pointing to items he wants and eye gazing

Learning Style:

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: Allergic to cigarette smoke staff who use on break ask to leave coat outside
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible seizure experiences in 11 and 12 in 2006
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size diet, staff assist in preparing snacks and meals
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lipped plate, thick handled spoon or fork to eat with spouted cup or straw
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Attention disorder Terrell has a routine he follows at PAI when having difficulty to focus DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no current medications if he come in with a new medication or PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, he wears a sling for transportation
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: fall risk when in his wheel chair he need shoulder straps, he can propel his chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff provide support for all safety skills, can call in emergency
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: profoundly deaf staff oriented in front of Terrell, use sign language and facial expressions
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: he may bite and hit himself, offer responding to comfort
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None

Important to: him to have a snack, with fun and independent people around, walks and enjoy his day

Important for: to be supported in being physical, sensory games expand his ability, form friendships, communicate,

Likes: 1/1 time with staff outings, playing games and eating

Dislikes: he like to eat frequently, he don't like to wait especially when it comes to food,



Staff: Jalyssa Pratt

Date: 7/6/22



Service Recipient: Terrell M

Service Span: 6/22 - 6/23

Outcomes:

Outcome #1 Daily he will use ASL sign to go for a walk • Model sign, provide reminders, assist him on a walk
Outcome #2: Monthly he will choose an outing. • Present 4 options, reminders, inform him when
Communication Style: Facial expressions, vocalization, sign lang. Reaching / pointing.
Learning Style: Routine, verbal cues, model prompts, gestures + repetition.

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: Cigarette smoke, leave coats outside of program room
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible seizure experience back in 2006
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size diet, staff assist, visually <del>in 2006</del> , monitored, straps on shoulders. Assist if needed
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lipped plate, thick handle spoon, straw / cup.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, CP, Constipation 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 sched meds @ PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable briefs. transferred by 2 staff or 1 staff using ceiling lift. Wears sling from home.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: When in wheelchair, seat belt + pelvic strap. Unable to propel long distances
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supervision, physical support while in the community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Deaf, stand in front of him, use sign lang. hand gestures.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May bite or hit himself. offer repositioning.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None
Important to: Snack, fun people to around, familiar staff, walks	
Important for: support in being physically active, make choices, communicate, friendships	
Likes: 1:1 staff time, socializing, being outside, playing games eating, outings.	
Dislikes: Waiting on food when hungry.	



Staff: Kathy Perry  
 Date: 7-6-22



Service Recipient: Jamell M  
 Service Span: 6/22 - 6/23

Outcomes:

Outcome #1 Daily will use ASL sign for walk to indicate he would like to walk  
 Model sign, reminders once he signs take on walk

Outcome #2: Monthly will choose outings  
 4 picture cards 1:1 allow time to process inform when outing

Communication Style: facial exp, ASL, reaching for - pointing - deaf  
able to read lips vocalization eye gazing

Learning Style: routine verbal + physical cues, repetition  
gestures

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>dog smoke - use caution in comm. staff who smoke leave coat outside room</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 possible Nov + Dec 2006 head jerking lbp spreading outwards, arms jerking chest area</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, monitor during meals, chest straps while eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>leveled plate, spouted cup or straw</u> <u>hand held spoon or fork assist as needed verbal &amp; physical</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADD, autistic like behav. DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>offergmet. space, routine CP, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>OPAI assist - in soft food followed by drink</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, full assist 2 person + hoyer or 1 staff c track system keep along w him</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pelvic strap, seat belt, if open belt sign NO</u> <u>shoulder straps, can propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision + physical support. Remove from dangerous situation</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>profoundly deaf - stay bc in front of him</u> <u>address ASL, hand gestures, facial expressions</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bite but self - eat to stop, repetition, accommodation</u> <u>Do not transfer until calm of attempts to self stimulate</u> <u>Sign No &amp; Later</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NO</u>
Important to: <u>indep.</u>	<u>Smartz, fun, engaging staff + friends. Long for walks</u>
Important for: <u>Comm. +</u>	<u>Support, physically active, form friendships</u>
Likes: <u>1:1 time, games, sensory act - food outings, eating</u>	
Dislikes: <u>can become irritated especially over food</u>	



Staff: Deb St Martin  
 Date: 7/6/2007



Service Recipient: Terrill Monycau  
 Service Span: 6/22-28

Outcomes:

Outcome #1	use ASL sign daily - 80% - 12mos - model, provide reminders, assist to go for walk
Outcome #2:	Monthly chore outing - 80% - 12mos - 4 outings w/ pic cards review 1 by 1 - give time to make choice
Communication Style:	Facial expressions, vocalizations, sign language, reaching for or pointing, deaf but able to read lips, speak slowly/clearly, limited sign language.
Learning Style:	Routine, verbal cues, physical cues, model prompts, gestures + repetition

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: Cigarette smoke - use caution when in community, staff who smoke leave coats outside of program room
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible in Nov + Dec 2006. Staff trained in seizure protocol.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet - staff assist prepare snacks + meals - shoulder straps while eating for posture
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Upper plate, thick handled spoon or fork to eat independently, spooned cup or straw. Verbal cues or physical cues.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADD + Autism like behaviors - Routine Cerebral palsy - constipation - encouraged to drink fluids 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: PD Current meds at this time. Whole orally in soft food followed by drink
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief - full support - transferred by 2 staff using hoist or 2 using in ceiling track - slip from home
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seat belt, pelvic strap secured + shoulder straps for transportation, pupil chair (short distances)
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provides full support + model safety + traffic skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Profoundly deaf - staff orient in front of Terrill - sign language, hand gestures + facial expressions to communicate
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May bite or hit self - reposition + offer PRN if in pain - sign "stop" if self-stimulates + sign takes
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None @ this time
Important to:	Snack everyday, fun + engaging people, familiar staff + friends that support growth + independence - walks everyday
Important for:	Supported in being physically active, continue to grow + expand ability - form friendships, communication, make choices
Likes:	!!! time w/ staff, socializing w/ peers, being outside, playing games, sensory activities. During especially favorite, frequently sign "eat"
Dislikes:	Dislikes waiting to eat when hungry, likes to eat frequently + can become untrated especially when it comes to food.

up to 100% to eat independently.



Staff: Paris D  
 Date: 7/6/22



Service Recipient: Terrell M  
 Service Span: 6/22 - 6/23

Outcomes:

Outcome #1 Daily Terrell will use ASL sign for walk  
 model sign  
 provide reminders  
 assist with walk

Outcome #2: Monthly Terrell will choose a outing  
 Present 4 options  
 Give time to make choice

Communication Style:  
 facial expressions, vocalizations, sign language

Learning Style:  
 verbal cues, physical cues, model prompts, gestures

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: Cigarette smoke - staff who smoke will leave cart outside
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible in November and Dec 2006
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet staff assist in preparing
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lipped plate, thick handled spoon, spouted cup
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Attention Deficit Disorder & Autistic like behaviors Cerebral palsy and Constipation DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds at pa
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief 2 person hoist 1 person lift system
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Make sure straps are secure, reposition if needed
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: pro foundly deaf, staff orient staff in front of Terrell
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May bite or hit self Ask Terrell to staff and/or pro Offer repositioning
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	Snack, fun, familiar staff and friends
Important for:	being physically active, forming friendships, making choices
Likes:	1:1 time with staff, being outside, playing games
Dislikes:	Waiting, being hungry



Staff: Alfredo Furo-Montes



Service Recipient: Terrill Monjeau

Date: 7/6/22

Service Span: June 22-23

Outcomes:

Outcome #1 Daily, Terrill will use the ASL sign for to indicate he would like to go on a walk.

Model sign, provide reminders.

Outcome #2: Monthly, Terrill will choose an outing to go on.

Present 4 options using picture cards.

Communication Style: Facial expressions, eye-gazing, reaching / pointing. Deaf but reads lips.

Learning Style: Routine, verbal cues, physical cues, model prompts / gestures.

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: Cigarette smoke, use caution when in community.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible experiences Nov. + Dec. 2006, alert after activity.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, staff assist, straps needed.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May refuse to eat. Lipped plate, thick handled spoon, straw to drink.
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 ADHD + Autistic like behavior, Cerebral Palsy, Constipation.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds. Any new med / PRN is taken orally.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears sling underneath. Disposable brief, 2 person hoist lift / 1 person ceiling system.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Shoulder straps during transportation. In wheelchair, seatbelt / pelvic strap are secured.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision + support.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Profoundly deaf, staff orient in front of Terrill.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May bite / hit self, offer PRN if he says he's in pain.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.
Important to:	Have a snack everyday, around fun staff, being independent.
Important for:	Be physically active, to grow / expand his ability, form friendships.
Likes:	1:1 time w/ staff, socializing w/ peers, being outside.
Dislikes:	waiting to eat.



Staff: Mawrita Sweeney



Service Recipient: T. M.

Date: 7/16/22

Service Span: July '22 - '23

Outcomes:

Outcome #1 ASL sign daily for walk to indicate he would like to go for a walk.  
Staff will model, provide reminders, assist in walk

Outcome #2: Monthly choose outings. Staff present 4  
choices review 1:1, time to make choice

Communication Style: Facial Expressions, limited sign language,  
read lips if staff stand in front of him, Deaf.

Learning Style: Routine verbal cues, physical cues, prompts  
gestures, 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: Cigarette smoke, remove him from  
smoke in community. Concerns communicated to residence

Seizures:  No  Yes  
Describe Supports: 2 possible seizure in Nov + Dec 2000  
arms jerking in chest area, head jerking side to side.

Choking:  No  Yes  
Describe Supports: bite size diet. visual monitor, shoulder  
straps while eating to promote good posture.

Specialized Diet:  No  Yes  
Describe Supports: lipped plate, thick handled spoon or  
fork, verbal cues or physical assistance if refused.

Chronic Medical Conditions:  No  Yes  
List & Describe Supports: Has routine he follows  
when having difficulty focus sins  
CP, constipation. Report concerns to residence. DNR/DNI:  No  Yes

Medication at PAI:  No  Yes  
Describe Supports: Does not currently take. Would take  
whole, orally, soft foods followed by drink. Staff

Personal Cares:  No  Yes  
Describe Supports: Disposable brief. 2 staff hoyer  
1 staff ceiling lift. Wears sling Administer:

Mobility/Fall Risk:  No  Yes  
Describe Supports: Seat belt, pelvic strap are secured  
Propel wheel chair short distances.

Community Support:  No  Yes  
Describe Supports: Staff provide support to practice all  
Pedestrian Safety Skills. Intervene in emergency.

Sensory Support:  No  Yes  
List & Describe Supports: Profoundly deaf. Staff orient self in front of when

Behavior Support:  No  Yes  
List & Describe Supports: may bite/hit self. offer address him.  
to reposition or offer PEN. Staff sign stop.

Unsupervised Time:  No  Yes  
Describe Supports: If attempting to self stimulate sign stop.  
NO unsupervised time. Later.

Important to: snack, walks, engaging people to be around  
being listened to.

Important for: physical active, continues to grow + expand  
ability, for friendships

Likes: sensory, 1:1, community outings, eating.

Dislikes: waiting to eat when hungry, eating frequently  
an can become irritated when it comes to food.

Lead Review Completed: AS



Staff: Trey Gourd

Date: 7-6-22



Service Recipient: Terrell M

Service Span: Jun 2022 - Jun 2023

Outcomes:

Outcome #1	Daily use ASL sign for a walk - model sign, provide reminders, once signed assist him in going for a walk
Outcome #2:	Monthly Choose Outing - present 4 options, review 1 by 1
Communication Style:	Facial expressions, vocalizations, deaf but able to read lips
Learning Style:	routine, verbal cues, physical cues model prompts, gestures, repetition

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: Cigarette smoke,
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2 possible seizures in nov and Dec of 2020 - Arms Jerking, legs outward, Incontinence
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, visually monitored, Shoulder straps to promote posture
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: lipped plate, Spouted cup, Verbal cues and assistance, Thick handled spoon
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADD, Autism like behaviors, CP, Constipation 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 current meds, Take whole orally in soft food followed by drink administered by staff
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief, not able to complete his personal cares & one person Hoyer, 2 ppl Hoyer
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seat belt and pelvic strap are secured, Able to propel short distances
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Profoundly Deaf, Staff orient in front of Terrell, when addressing use ASL
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bite and hit self, Staff will verbal ask Terrell to stop
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Terrell has no unsupervised time
Important to:	Snack everyday, familiar staff, walks
Important for:	Supported physically, form friendships, more choices
Likes:	1:1 with staff, Socializing with peers, Games, Sensory, eating
Dislikes:	Waiting to eat,

Lead Review Completed: AS



Staff: Amanda Diaz  
 Date: 7/6/2022



Service Recipient: TM  
 Service Span: July 22 - July 23

Outcomes:

Outcome #1 Daily Terrell will use the Ash for walk to indicate he would like to go for a walk

Outcome #2: Monthly Terrell will choose an outing he would like to go on in 80% of all opportunities over the next 12 months

Communication Style: facial expressions, vocalizations, sign language, reaching

Learning Style: Routine & Rep, physical cues, model prompt, gestures

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>Cigarette smoke, staff will leave coat outside program room</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 possible seizures experiences in Nov &amp; Dec of 2006</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet, staff assist in prep snack and meals</u> <u>shoulder straps on</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lipped plate, thick hand spoon &amp; fork, straw cup</u> <u>verbal cues to eat may need assist when having high tone</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADD &amp; Autistic Behavior</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>CP: staff support</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds @ PAI</u> <u>may take PRN in soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs, 1 staff in caring track, sent with sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seatbelt and pelvic strap secured</u> <u>If he unuckles staff will sign no</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision and physical support to TM while in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Profoundly deaf, staff use sign and stand in front of him when trying to communicate</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may bite or hit himself, staff will verbally ask TM to stop, may attempt to self stim</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>snack, familiar staff, growth to do stuff alone</u>
Important for:	<u>To be physically active, make new friends</u>
Likes:	<u>1:1 time w/staff, sensory, being outside, eating, laughing</u>
Dislikes:	<u>waiting, being hungry</u>



Staff: Tristen Lossang

Date: 7-8-22



Service Recipient: T.M.

Service Span: June 2022 - 2023

Outcomes:

Outcome #1 <u>Daily, Terrell will use the ASL sign WALK to indicate he would like to go for a walk.</u> • model sign • reminders
Outcome #2: <u>Monthly, Terrell will choose an outing he would like to go on</u> • give 4 choices • give time • review options
Communication Style: <u>Facial expressions, vocalizations, sign lang., eye gazing, pointing</u>
Learning Style: <u>Routine, verbal cues, physical cues, and 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>cigarette smoke</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 possible seizure experiences in Nov. &amp; Dec. of 2006 staff trained on protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet, shoulder straps while eating, and help as needed</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lipped plate, thick handled spoon, spouted cup, and verbal cues</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Attention Deficit Disorder &amp; Autistic Behaviors, C.P., Constipation</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>No current meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, in ceiling track system transfers, wears a sling from home underneath him all day.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seat belt and pelvic straps secured, shoulder straps during transport or prolonged periods of leaving seated. Able to propel short distances.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Profoundly deaf</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may Bite &amp; hit himself</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None here</u>

Important to: snacks, familiar staff, being independent

Important for: Being physically active, grow & expand his ability, and make choices

Likes: 1:1 time with staff, being outside, and playing games

Dislikes: waiting to eat when he is hungry; he likes to eat frequently and can become irritated especially when it comes to feed.

Lead Review Completed:

1.  $\frac{1}{x^2} = x^{-2}$   
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

2.  $\frac{1}{x^3} = x^{-3}$   
 $\frac{d}{dx} x^{-3} = -3x^{-4} = -\frac{3}{x^4}$

3.  $\frac{1}{x^4} = x^{-4}$   
 $\frac{d}{dx} x^{-4} = -4x^{-5} = -\frac{4}{x^5}$

4.  $\frac{1}{x^5} = x^{-5}$   
 $\frac{d}{dx} x^{-5} = -5x^{-6} = -\frac{5}{x^6}$

5.  $\frac{1}{x^6} = x^{-6}$   
 $\frac{d}{dx} x^{-6} = -6x^{-7} = -\frac{6}{x^7}$

6.  $\frac{1}{x^7} = x^{-7}$   
 $\frac{d}{dx} x^{-7} = -7x^{-8} = -\frac{7}{x^8}$

7.  $\frac{1}{x^8} = x^{-8}$   
 $\frac{d}{dx} x^{-8} = -8x^{-9} = -\frac{8}{x^9}$

8.  $\frac{1}{x^9} = x^{-9}$   
 $\frac{d}{dx} x^{-9} = -9x^{-10} = -\frac{9}{x^{10}}$

9.  $\frac{1}{x^{10}} = x^{-10}$   
 $\frac{d}{dx} x^{-10} = -10x^{-11} = -\frac{10}{x^{11}}$

10.  $\frac{1}{x^{11}} = x^{-11}$   
 $\frac{d}{dx} x^{-11} = -11x^{-12} = -\frac{11}{x^{12}}$

11.  $\frac{1}{x^{12}} = x^{-12}$   
 $\frac{d}{dx} x^{-12} = -12x^{-13} = -\frac{12}{x^{13}}$

12.  $\frac{1}{x^{13}} = x^{-13}$   
 $\frac{d}{dx} x^{-13} = -13x^{-14} = -\frac{13}{x^{14}}$

13.  $\frac{1}{x^{14}} = x^{-14}$   
 $\frac{d}{dx} x^{-14} = -14x^{-15} = -\frac{14}{x^{15}}$

14.  $\frac{1}{x^{15}} = x^{-15}$   
 $\frac{d}{dx} x^{-15} = -15x^{-16} = -\frac{15}{x^{16}}$

15.  $\frac{1}{x^{16}} = x^{-16}$   
 $\frac{d}{dx} x^{-16} = -16x^{-17} = -\frac{16}{x^{17}}$

16.  $\frac{1}{x^{17}} = x^{-17}$   
 $\frac{d}{dx} x^{-17} = -17x^{-18} = -\frac{17}{x^{18}}$

17.  $\frac{1}{x^{18}} = x^{-18}$   
 $\frac{d}{dx} x^{-18} = -18x^{-19} = -\frac{18}{x^{19}}$

18.  $\frac{1}{x^{19}} = x^{-19}$   
 $\frac{d}{dx} x^{-19} = -19x^{-20} = -\frac{19}{x^{20}}$

19.  $\frac{1}{x^{20}} = x^{-20}$   
 $\frac{d}{dx} x^{-20} = -20x^{-21} = -\frac{20}{x^{21}}$

20.  $\frac{1}{x^{21}} = x^{-21}$   
 $\frac{d}{dx} x^{-21} = -21x^{-22} = -\frac{21}{x^{22}}$

21.  $\frac{1}{x^{22}} = x^{-22}$   
 $\frac{d}{dx} x^{-22} = -22x^{-23} = -\frac{22}{x^{23}}$

22.  $\frac{1}{x^{23}} = x^{-23}$   
 $\frac{d}{dx} x^{-23} = -23x^{-24} = -\frac{23}{x^{24}}$

23.  $\frac{1}{x^{24}} = x^{-24}$   
 $\frac{d}{dx} x^{-24} = -24x^{-25} = -\frac{24}{x^{25}}$