



In-Service Training Log – Linden

Date: 3-29-2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.00	Maurita Ashleigh			Competency reviews for CW and MS
.75	Emily E, Maddy K. and Ashleigh S.			Semi annual reviews for KV, AM, and JB

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy
	CAJ		Anderson-Jones, Celeste
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
			Cox, Alice
			Gagner, Megan
	AH		Hampton, Tony
			Her, Bae
	MH		Hetchler, Maria
	NG		Johnson, Natalie

Make up Date	Initial	EE ID	Last Name
	fk		Kalu, Festus
	MD		Larson, Nancy
	DL		Lepley, Deanne
	SM		Mafi, Sommer
	KM		Mason, Kanya
	KM		McKnight, Kyla
	CR		Rice, Colette
	ES		Sandstrom, Erin
	JS		Stacken, Laura
	JT		Trimble, Jenny

Make Up Date	Initial	EE ID	Admin Staff
	HL		Hiland, Lindsay
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
		AS	Shirley, Ashleigh

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Competency Tracking Form Linden Site

Participant: Christina Wagner **Annual Service Span:** March 2022-March 2023

Annual Meeting Date: 3.22.2022 **Date Assigned to Lead:** 3.23.2022 **Quiz Due:** _____

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

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

Date Completed	Initials	Full Name
	BA	Ailport, Betsy
	CAJ	Anderson-Jones, Celeste
3.29.22	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	B	Cox, Alice
	MB	Gagner, Megan
	AV	Hampton, Tony
	Her, Bao	Her, Bao
	MH	Hetchler, Maria
	HL	Hiland, Lindsay
	NG	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	NJ	Larson, Nancy

Date Completed	Initials	Full Name
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	Mason, Kanya
	MD	Mendes, Danielle
3.29.22	CR	Rice, Colette
3.29.22	ES	Sandstrom, Erin
3.29.22	AS	Shirley, Ashleigh
	LS	Stacken, Laura
	JT	Trimble, Jennifer
	KM	Mcknight, Kyla

Date Uploaded to LMS: 4/12/22

Date Uploaded to LMS: _____

Staff: Celeste Anderson Jones

Date: 4.5.22



Service Recipient: Christina Wagner

Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: Christina will identify how she's feeling using emotion's on iPad Summarize Steps: Staff will present 3-4 options on iPad, time to make her choice
Outcome #2: Christina will choose an outing to go on Summarize Steps: Staff will present 3-4 options using picture cards, describe outings, time to make choice
Communication Style: vocalizations, body language, facial expressions, eye contact, crying reaching for her communication partner's hand
Learning Style: routine, repetition, modeling, verbal and physical prompts

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: Seasonal allergies, offer her a tissue to wipe nose
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sits in w/c, 4oz cup, small teaspoon divided plate
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: GERD, CP Spasticity, Hypertension 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: medication in soft food, followed by a sip of water
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs support w/ menstrual cares, 1 person transfer using mechanical lift and 2-point cross leg sling, Brief changes
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: w/c, tray, safety belts, can self propel under 10 feet, staff assist for longer distances
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision, physical support practice safety, and observe surroundings 911 for emergency
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing loss speak loudly 3-4 feet in front of her, slight touch of hand or make eye contact
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB hitting self pulling hair validate feelings redirect, physical aggression, assist assist to safety safe location praise when calm
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	routine, having her nails painted, snack, lunch
Important for:	use her communication skills when upset or anxious, taking her meds as scheduled, self propelling her w/c
Likes:	having nails painted, hair done, eating, snacks, painting, listening to music playing games, coloring, sensory activities, Music Therapy, bowling, shopping
Dislikes:	having to wait, changing in a loud room, changes in routine, working with newer or unfamiliar staff, loud peers, peers in her personal space bumping into her w/c

Lead Review Completed: *Maura Sherry*

Staff: Betsy
 Date: 3/29/2022



Service Recipient: Christina W
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: <u>Daily, identify how she's feeling using emotions on Ipad</u> Summarize Steps: <u>Present + review 3-4 opts on Ipad, time to make choice</u>
Outcome #2: <u>Monthly, choose outing</u> Summarize Steps: <u>Present 3-4 opts, describe, time to make choice</u>
Communication Style: <u>let vocalizations, body language, facial exp, eye contact, crying</u>
Learning Style: <u>Routine + repetition, modeling, verbal + physical prompts</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>Seasonal offer tissue, concerns report to home</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped to prevent choking, monitor meals cues to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair, 4oz cup, small teaspoon divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quadriplegic Cerebral Palsy, Spasticity, Hypertension</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>Meds in soft food followed by sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 1 staff mechanical lift 2-pt cross sling. concerns communicated to home</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, can propel short distances staff for longer distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineural hearing loss - 3 to 4 ft while speaking loudly. light touch + eye contact prior to speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self injurious hitting face, pulling own hair, physical aggression - loud vocalizations - hit grab those around her</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE AT ALL</u>

Important to: Routine, nails painted, snack + lunch on time

Important for: Communication skills, meds, propel her wheelchair independently

Likes: Nails painted, hair done, eating, snacks, painting, music games, coloring, sensory activities, music therapy, shopping

Dislikes: Having to wait, loud vocalizations, changes, newer unfamiliar staff, peers in personal space

Lead Review Completed: Maura Sweeney

Staff: Kia L. Bauch



Service Recipient: Christina Wagner

Date: 3/29/22

Service Span: March 22'-23'

Outcomes:

Outcome #1: Identify how she is feeling
 Summarize Steps: present options, let her make choice

Outcome #2: choose an outing
 Summarize Steps: present options, let her make choice

Communication Style: vocalizations, body language, crying.

Learning Style: routine + repetition, modeling, verbal + physical prompts

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>Seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A no seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped, visually monitored, verbal cues to eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair, 4oz cup, teaspoon, divided plate</u>
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 <u>Gerd, CP, Spasticity, Hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Medication in soft foods</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 2-point cross leg sling, change brief regardless</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, pelvic + safety belts, propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineural Hearing Loss- within 3-4 feet when talking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious behaviors, validate then re-direct</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Routine, nails painted, lunchtime, snacks</u>
Important for:	<u>Using her communication ^{skills} device, taking her medications</u>
Likes:	<u>nails painted, hair done, eating, painting</u>
Dislikes:	<u>having to wait, changes in routine, loud peers</u>

Lead Review Completed: Maura Sweeney

Staff: Morgan
 Date: 3/29/2022



Service Recipient: Christina W.
 Service Span: March 22-23

Outcomes:

Outcome #1: identify how feeling using emotions on iPad
 Summarize Steps:
Present 3-4 options

Outcome #2: Choose outing to go on
 Summarize Steps:
Present 3-4 options, use cards, describe outing.

Communication Style:
vocalizations, body language, facial expressions, eye contact, cry

Learning Style:
routine, repetition, model, verbal/physical prompts

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>offer tissue, help wipe nose, home gives meds</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visually monitored, verbal cues</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sit in wheelchair, 4 oz cup, teaspoon, divided plate</u>
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 <u>GERD quadriplegic CP: sensation, vision, swallow, speak difficulty spasticity, hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds in soft food w/ water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, 1:1, 2 point cross leg sling, be told what happening always brief change</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, assist w/ belts and tray assist w/ chair over 10 ft distance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision, physical support, call 911 in emergency</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensorimotor hearing loss, 3-4 ft speak loudly touch hand softly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit in face, pull hair, redirect, move to safe location watch her, promote safety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to:
routine, nails painted, lunch time, snacks

Important for:
using communication skills, take meds on time, propel wheelchair

Likes:
nails done, hair done, chinese food, music, games, bowling

Dislikes:
having to wait, change in routine, new staff, peers in space

Lead Review Completed: Maura Sweeney

Staff: Alice L. Cox
 Date: 3/29/24



Service Recipient: CHRISTINA W
 Service Span: 3/22-3/23

Outcomes: 1

Outcome #1: Daily will identify her feelings (PAI)
 Summarize Steps: Present different icons to help her choose

Outcome #2: Choose an outcome monthly
 Summarize Steps: Present choices - describe + let her choose

Communication Style: Body language, Facial Expressions, Eye Contact, Touching

Learning Style: Routine, Repetition, Modeling Verbal + Physical Prompts

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>Seasonal Allergies, help w/ wiping nose</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chop & Diet, Monitor while eating Verbal Cue</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>On chair 4 of cup, sm, spoon divide plate</u>
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 <u>GERD, CP Blead, Spasticity, Hypertension,</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft food w/ water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diapers - 1 person transfer, sling, 2 person hoist, Track system</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1-1 staff to assist + protect</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss - 3-4 ft away speak loud clear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Praise, calm, self injure behaviors, Redirect, encourage to communicate</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u> <u>Attempt to hit or grab</u>
Important to:	<u>Routine, Nails Painted, Lunchtime, Snacks</u>
Important for:	<u>Communication Skills, Medication, Padded Chair</u>
Likes:	<u>Nails Painted, Hair Donny, Food, Snacks, Painted</u>
Dislikes:	<u>Wait, changing Routine, new staff, loud peers</u>

Lead Review Completed: Maura Sweeney

Staff: Megan Gagner
 Date: 3/29/2022



Service Recipient: Christina Wagner
 Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: <u>During Christina will identify how she is feeling on the iPad.</u> Summarize Steps: <u>Staff present and review 3-4 options, time to make choice</u>
Outcome #2: <u>Monthly Christina will choose an activity once a month.</u> Summarize Steps: <u>Staff present 3-4 choices, describe, allow her to choose</u>
Communication Style: <u>Vocalizations, Body language, crying, facial expressions</u>
Learning Style: <u>Routine & Repetition, verbal & physical prompts</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>Seasonal allergies, offer tissues if needed, home brings meds for allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet, 1 inch by 1 inch bite sized pieces, monitored during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair & uses cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GIBD, communicate any symptoms to residence, Ondrylegic cerebral palsy, Hypertension</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>takes medications in soft food followed by water according to physicians orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears braces, supported in menstrual care, 1 staff, brief changed regardless of output</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair supported in applying belts and tray, assist in longer distances/able building</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision and support while in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, staff will orientate their self in front of her, speaking loudly and within 3 feet</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-injurious behaviors, hitting herself, validate her feelings, encourage her to communicate</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Routine, nails painted, lunch time, snacks</u>
Important for:	<u>Communication skills, taking medications as prescribed, independently propelling her wheelchair</u>
Likes:	<u>Having her nails painted, Hair done, eating, snacks, painting, listening to music, coloring, sensory activities</u>
Dislikes:	<u>waiting, changing in a van with loud vocalizations, loud peers</u>

Lead Review Completed: Maurita Sweeney

Staff: Maria Hetchler
 Date: 3/29/2022



Service Recipient: Christina Wagner
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: <u>pairs. will identify her feelings using emotions on the iPad in 80%.</u> Summarize Steps: <u>staff present 3-4 option on iPad</u>
Outcome #2: <u>monthly, will choose an outing to go.</u> Summarize Steps: <u>staff present 3-4 option using cards</u>
Communication Style: <u>vocalizations, body language, facial, eye contacts, expression.</u>
Learning Style: <u>Routine and repetitions, modeling, verbal and physical prompts</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>offer her Seasonal Allergies; offer tissue & wipe nose</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chopped diet to prevent choking, monitored during meals, eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sit on wheelchair, 4 oz cup, small teaspoon, divided plate.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>- GERD: symptoms communication to residence</u> <u>- CP Quadriplegic cerebral Palsy</u> <u>- Spasticity</u> <u>- Hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>med in soft food follow by sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, support w/ menstrual cares. transfer 1 staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, supper tray, safety belt while using wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff supervision and physical support, call 911 emergency,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing lost, staff will orient themselves in front. louder while speaking to her, touch her hand</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-initiated behavior (hitting her self, pulling hair) physical aggression. Assists to safe location, watches her</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>routine, nails painted, watch time on time, snack, on time</u>
Important for:	<u>her communication skills, taking meds, propel her wheelchair</u>
Likes:	<u>having nails painted, hair done, eating, snack, painting, colors, music, colors, bowling and shopping</u>
Dislikes:	<u>having to wait, changing in her room while its loud, not familiar staff, peers in personal space bumping into wheelchair.</u>

Lead Review Completed: Maura Sweeney

Staff: Ke Stus
 Date: 3/28/22



Service Recipient: Alan Arain
 Service Span: 3/22-3/23

Outcomes:

Outcome #1: <u>Alan will identify how he is feeling very accurately 10/100</u> Summarize Steps: <u>Staff will present 3-4 options</u>
Outcome #2: <u>Alan will choose an activity for 90% of all opportunities</u> Summarize Steps: <u>Staff present 3-4 options and allow him to choose</u>
Communication Style: <u>Visually, body language, eye contact, eye, ready for communication partners to</u>
Learning Style: <u>Repeats & repetition, modeling, verbal and physical prompts</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>Season allergies, offer to a home to cut or wipe nose when runny, report doctor if to home</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>soft & whole grain</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, symptomatic vertigo, Quadriparesis CP, Hypertension</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>Take medication with soft foods. All medication follow orders by physician or doctor</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Break to be changed regarding 9 out of 10. Concern regarding toilet space</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has a wheelchair safety belt. Can propel himself for short distance <10ft. Staff assist him for long distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision, help in all aspects of safety needs. Call 911 if needed</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has hearing loss enough that he can't hear eye contact & facial expressions while speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self injurious behavior reduced by physical aggression, had vocalizations, with 2 prompts safety</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No 48 supervision time</u>

Important to: Routine, having to help people around the on table

Important for: Use her communal skills via upset, take medications as needed properly in wheelchair as independent as needed

Likes: Having to eat, pump, hair, being, enjoying direct body massage, games, sensory activities, shopping, music therapy

Dislikes: Having to wait, Routine and loud vocalizations, being, noisy, noisy with unfamiliar staff, loud persistent space

Lead Review Completed: Maureen Sweeney

Staff: Maddy K



Service Recipient: Christina W

Date: _____

Service Span: March 22 - March 23

Outcomes:

Outcome #1: <u>Daily, Christina will identify how she is feeling</u>
Summarize Steps: - Staff Present + review 3-4 options on iPad - Give time to make choice
Outcome #2: <u>Monthly, will choose an outing</u>
Summarize Steps: - Staff Present 3-4 options - Give time to make choice
Communication Style: <u>Vocalizations, body language, facial expressions, eye contact, crying, reaching for hands</u>
Learning Style: <u>Routine + repetition, verbal & physical prompts</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>Seasonal - offer tissue and/or wipe nose, report concerns to home</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet to prevent choking -visually monitored</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits in wheelchair, 4oz cup, small teaspoon + divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>-GERD, Quadripalegic CP, Spasticity, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes -Any concerns reported to residence Hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>In soft food followed by sip of water -staff follow prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, mechanical lift, 2 point cross leg sling, likes to be told what is going on</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, tray, Pelvic + safety belts -staff propel longer distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support + supervise in community, Help practice pedestrian safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, Staff 3-4 feet while speaking loudly + clearly. Touch hand or make eye contact</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hitting self, Pulling hair, Physical aggression -staff encourage communication + redirect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At No unsupervised time</u>
Important to: <u>Routine, nails painted, lunch, snacks</u>	
Important for: <u>Using communication skills when upset, meds as scheduled, Propelling Chair independently</u>	
Likes: <u>Nails painted, hair done, eating, snacks, painting, music, games, coloring, sensory activities, bowling, shopping, music therapy</u>	
Dislikes: <u>Waiting, changing in room with loud vocalizations, new staff, change in routine</u>	

Lead Review Completed: Maura Sweeney

Staff: Nancy Larson
 Date: 3-29-22



Service Recipient: Christina Wagner
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Daily how she is feeling</u> Summarize Steps: <u>use 1-pad - 3 or 4 options - Choose</u>
Outcome #2: <u>Monthly Choose outing</u> Summarize Steps: <u>3-4 options, talk about them - Choose</u>
Communication Style: <u>Vocally, facially, Crying, eye contact</u> <u>body language</u>
Learning Style: <u>routine & repetition - Verbal prompts</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>seasonal offer tissues, wipe nose</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet 1x1 size pieces</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>divided plate, small top.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd CP. Quad, spasticity concerns</u> <u>hypertension</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>soft foods w/ water per physician</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears briefs - lift system - tell her what is happening</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair use safety/belts. Can propel herself a little</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide supervision & support in Community</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss - stand closely speak loud + clearly</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>When calm praise her.</u> <u>self injurious behavior - redirect her to other activities</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>	
Important to:	<u>routine, nails painted, lunch time & snack</u>	
Important for:	<u>Communication skills, medications, propelling her</u> <u>wheelchair as she is able</u>	
Likes:	<u>nails painted hair done Chinese food snacks painting</u> <u>coloring, music therapy, bowling shopping</u>	
Dislikes:	<u>having to wait, loud vocalizations, changes in her routine</u> <u>loud peers</u>	

Lead Review Completed: Mawida Sheeny

Staff: Deane Lepley



Service Recipient: Christina Wagner

Date: 3/29/22

Service Span: March 2022-2023

Outcomes:

Outcome #1:	Daily will identify how she is feeling using 80% of all support.
Summarize Steps:	STAFF give options on iPad given 3-4 options to make her choice
Outcome #2:	Choose an activity to go on 80% of time
Summarize Steps:	Give her 4 options, give her time to pick
Communication Style:	Vocalization, body language, eye contact, crying
Learning Style:	Routine + Rep, Modeling, Verbally prompts

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: Seasonal, offer to wipe nose Report concerns to home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A - doesn't have seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chopped diet 1x1 size pieces Give verbal to eat slowly. Divided plate, 4oz cup Small TSP
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Gerd, Quadriceps cerebral Palsy. Spasticity concerns. takes meds for tinnitus hypertension. Znn concerns tell Resid on cp 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: med med in soft goods followed by sip of water
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, Supp. w/ menshudd cares. Cross siting let her know what is being done while doing cares.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pelvic + safety belt + tray on wheelchair STAFF w/ supp. long distances or outside bids.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervisor in comm. Safety styles + observe surroundings
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing loss, STAFF stand on front of her - loudly + clear. Light touch her hand + make eye contact
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self injurious behaviors, hitting self in face Pulls out hair. Loud vocalizations, may try to hit or grab those close to her.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No Unsupervised time
Important to:	Routine, hair painted, lunch time + snacks, lunch time on time
Important for:	Comm. skills when feeling upset or anxious, taking meds as scheduled using wheelchair as much as able.
Likes:	Nails painted, hair done, eating, Snacks, Painting, Listening to music Play games, color, music therapy, beauty, shopping
Dislikes:	having to wait, changing in a room w/ loud vocalization walking w/ new or unfamiliar staff, loud peers in her personal space people bumping into her wheelchair

Lead Review Completed: Maureen Sweeney

Staff: Dommer



Service Recipient: Christina W

Date: _____

Service Span: _____

Outcomes:

Outcome #1: <u>Identify feelings using emotions on iPad</u> Summarize Steps: <u>Show 3/4 options and allow time to choose</u>
Outcome #2: <u>Choose outing to go on</u> Summarize Steps: <u>given 3/4 options using picture cards describe outing. Allow time for choice</u>
Communication Style: <u>Vocalization, bodylang, crying, eye contact</u>
Learning Style: <u>routine / Rep, modeling, verbal</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>Seasonal, otter tissue to wipe nose</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped to prevent choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>4oz cup, small teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerdi, CP, Spasticity, hypertension</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>Meds in soft food followed by water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bricks, 2 transfer, likes to be talked to while in car. bricet always changed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provides supervision and support in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss. Staff will be within 3-4 feet when speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injuries - validate / re direct</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: routine, nails, lunch,

Important for: taking meds, propel wheelchair Ind.

Likes: nails painted, hair done, eating, showers, painting, music

Dislikes: waiting, loud noises, new staff, loud peers, bumping wheelchair

Lead Review Completed: Maura Sweeney

Staff: Kanya Mason
 Date: 3.29.22



Service Recipient: Christina Wagner
 Service Span: March 22-23 year

Outcomes:

Outcome #1: <u>Daily Christina will identify how she feeling using emotions on iPad</u> Summarize Steps: <u>Staff shows 3-4 options on iPad</u>
Outcome #2: <u>Monthly Christina will choose an outing to go on</u> Summarize Steps: <u>Staff shows 3-4 options using picture cards</u>
Communication Style: <u>body language facial expressions</u> <u>Teaching for communication partner hand</u>
Learning Style: <u>Verbal, Modeling Physical Prompt</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>Season allergies over tissue,</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet Pervert diet in bite size pieces verbal cues to eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair 4oz cup teaspoon Divided Plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD symptoms communicated to Residence Hypertension</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>take Medications daily</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes medications in soft food follow by water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 1 trans transfer using lift, likes to know what is being done step by step</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair tray, safety belt, transfer Short distance 10 ft</u> <u>Staff assist with longer distance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision Physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss, 3-4 ft in front of Christina and</u> <u>Speak loudly, touch her hand is helpful make eye contact</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SELF-INJURIOUS hits own face, pulling own hair</u> <u>redirect to different activities</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to: <u>Routine having her nails painted, lunch time on fire snacks</u>	
Important for: <u>Using communication skills when feeling upset and/or anxious having medication on time</u>	
Likes: <u>having nails painted, having hair done converse food snacks painting music games</u>	
Dislikes: <u>Having to wait changing in a room with loud vocalizations change in routine</u> <u>Bumping into her wheel chair</u>	

Lead Review Completed: Maura Sweeney

Staff: Kella M
 Date: 3-29-22



Service Recipient: Christina
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Daily, she will identify how she's feeling</u> Summarize Steps: <u>Staff present & review 3-4 options on iPad</u>
Outcome #2: <u>Monthly, she will choose an outing 80% of opportunities</u> Summarize Steps: <u>Staff present 3-4 options using picture cards</u>
Communication Style: <u>Vocalization, body language</u>
Learning Style: <u>Routine Reption</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>Seasonal, help wipe nose, home gives meds</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet, verbal cues to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd - Hypertension</u> <u>Quadriplegic: cerebral palsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds in soft food and water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, menstrual care, like being told whats happening</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, support in applying tray, safety belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self provide supervision, practice safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>over Hearing loss, within 3-4 feet while talking clearly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious - violate feeling - physical aggression when calm praise</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to: <u>Routing Routine: nails painted - Snacks on time</u>	
Important for: <u>Use communicative skills - taking meds - moving wheelchair by self</u>	
Likes: <u>nails painted, hair done, eating - snacks, painting - music</u>	
Dislikes: <u>Having to wait - changes in routine, working w/new people</u>	

Lead Review Completed: Maura Sweeney

Staff: Colette Rice



Service Recipient: Christina Wagner

Date: 3.29.22

Service Span: march 22 -> 23

Outcomes:

Outcome #1: identify how she is feeling
Summarize Steps:
let her make choices
Present options

Outcome #2: Choose an outing
Summarize Steps:
let her make choices

Communication Style:
Vocalizations, body language, crying

Learning Style:
Routine, Repitition, Verbal prompts

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>Seasonal allergies, offer tissue</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal</u> <u>chopped, verbal cues to eat slowly</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair 4oz. cup ^{divided} plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd, CP, Spasticity, hypertension</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>medication in soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 2 point Cross leg sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Propel short distances</u> <u>wheelchair, pelvic Softly belt,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide Super-vision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineaural, hearing loss w/in ^{3-4 ft of} talking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injury behavior, pulling hair</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>

Important to:
Routine, nails painted, lunch time, Snacks

Important for:
use communication skills when upset!

Likes:
nails painting, eating, Snacks, Color

Dislikes:
having to wait, loud peers

Lead Review Completed: Maura Sweeney

Staff: EPIN SANDSTROM
 Date: 3.29.2022



Service Recipient: CHRISTINA WAGNER
 Service Span: MARCH 2022 - MARCH 2023

Outcomes:

Outcome #1: <u>DAILY, CHRISTINA WILL IDENTIFY HOW SHE IS FEELING</u> Summarize Steps: <u>USING EMOTIONS ON IPAD</u> <u>STAFF PRESENT 3-4 OPTIONS ON IPAD. TIME TO MAKE CHOICE.</u>
Outcome #2: <u>MONTHLY, CHRISTINA WILL CHOOSE AN OUTING TO GO ON.</u> Summarize Steps: <u>STAFF PRESENT 3-4 OPTIONS USING PICTURE CARDS, DESCRIBE OUTING.</u>
Communication Style: <u>VISUALIZATIONS, BODY LANGUAGE, FACIAL EXPRESSIONS, EYE CONTACT, CRYING</u>
Learning Style: <u>ROUTINE / REPETITION, MODELING, VERBAL, PHYSICAL PROMPTS</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>SEASONAL ALLERGIES. OFFER TISSUE TO WIPE NOSE</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A - NO SEIZURES</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>CHOPPED DIET TO PREVENT CHOKING, 1X1 PIECES, VERBAL CUES TO CHAIR</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SITS IN W/C, 4OZ CUP, SMALL TSP, DIVIDED PLATE</u>
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 <u>GERD, CP, QUADRIPARETIC, SENSATIONS AND VISION. SPASTICITY, HYPERTENSION.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MEDS IN SOFT FOODS, SUP OF WATER</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BRIEFS, 1 STAFF, TRAK SYSTEM, 2 POINT CROSS SLING.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>W/C, SUPPORT IN TRAY, Propel WITHIN 10 FT. ^{SELF} STAFF ASSIST OUTSIDE.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PHYSICAL SUPPORT, SUPERVISION,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SENSORINEURAL HEARING LOSS, TALK IN FRONT WITHIN 3-4 FT. SPEAK LOUD AND CLEAR.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>- PHYSICAL AGGRESSION SELF INJURIOUS BEHAVIORS, - HITTING SELF, PULLING OWN HAIR</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to:	<u>ROUTINE, NAILS PAINTED, SNACK/LUNCH</u>
Important for:	<u>USE HER COMMUNICATION SKILLS, MEDS, propel W/C</u>
Likes:	<u>NAILS PAINTED, HAIR DONE, SATING, MUSIC, M.T., SENSORY</u>
Dislikes:	<u>HAVING TO WAIT, LOUD VISUALIZATIONS, CHANGES IN ROUTINE, UNFAMILIAR STAFF</u>

Lead Review Completed: Maura Sweeney

Staff: Ashleigh Shirley
 Date: _____



Service Recipient: Christina Wagner
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Daily identify how feeling on iPad w/ emotions</u> Summarize Steps: <u>3-4 opt on iPad</u>
Outcome #2: <u>Choose outing in 80% opp.</u> Summarize Steps: <u>3-4 opt Picture cards</u>
Communication Style: <u>body language facial exp. reaching for hands</u>
Learning Style: <u>routine, rep, modeling, verbal & physical prompts</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>- offer tissue to wipe nose</u> <u>Seasonal-report concerns to home</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>no seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>remind to eat slowly</u> <u>chopped diet to prevent choking visually monitored</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sit in wheel chair, 4oz cup, small tsp, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, CP, spasticity, Hypertension</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>med in soft food followed by sip of water admin per PO.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief - supported by menstrual cakes - meet lift & sling. communicate while doing change even if dry</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c - apply tray belt, safety belt can propel, short distance staff support moving during outings & long dist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>provide sup, + phys support, ped safety, call 911 in emergencies</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>touch and wear of eye</u> <u>hearing loss - in front, speak loud & clear. contact prior to speaking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit or grab phys groupd her. Praise when calm</u> <u>SIB - hitting self, pull hair, validate & redirect. encourage communication</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
Important to: <u>routine, having nails done, lunch time, snacks</u> <u>snack & lunch on time</u>	
Important for: <u>communication skills, taking meds, propelling w/c independently when able</u>	
Likes: <u>nails painted, hair done, eating snacks, painting, music, playing games</u> <u>coloring, sensory act. bowling, shopping</u>	
Dislikes: <u>waiting, changing in a room, w/ loud vocalization, routine changes</u> <u>new/unfamiliar staff, too many peers, people bumping her</u>	

Lead Review Completed: Maura Sweeney

Staff: Laura Stacken

Date: MARCH 29, 2022



Service Recipient: Christina W

Service Span: March 22 - March 23

Outcomes:

Outcome #1: Daily, Christina will identify how she is feeling using Emotions on
Summarize Steps: IPad.

Staff Present & review 3-4 options on Ipad

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

Summarize Steps:
Staff Present 3-4 options Picture cards, describe outing.

Communication Style: Vocalizations, body lang. facial expressions, eye contact, crying, reaching for her Comm Partner's hand.

Learning Style: Routine & repetition, modeling, Verbal, & physical prompts.

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>Seasonal Allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet to prevent choking, visually monitored during meals Verbal cues to slowly eat.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, small teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Quadriplegic CP, spasticity, Hypertension</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>medication in soft food followed by a sip of water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Support with menstrual cycle, transferred 1 staff (lift) sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, Support in applying her tray, pelvic & safety belts.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision & physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, staff be within 3-4 feet while speaking loudly & clearly.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-injurious hitting herself, physical aggression and calm praise her.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>
Important to:	<u>Routine, having nails done, Snack & lunch on time.</u>
Important for:	<u>Use her communication skills when feeling upset. Propel her wheelchair independently as able.</u>
Likes:	<u>Nails done, hair done, eating/snacks, music, games, color, sensory music therapy, shopping, bowling.</u>
Dislikes:	<u>Having to wait, change in a room loud noises, New staff, personal space.</u>

Lead Review Completed: Maura Sweeney

Staff: Jenny Trimble
 Date: 3/29/22



Service Recipient: Christina Wagner
 Service Span: 3-20-22-3-20-23

Outcomes:

Outcome #1: <u>Daily, will identify how she is feeling and</u> Summarize Steps: <u>Staff present 3-4 options</u>
Outcome #2: <u>monthly will choose outing</u> Summarize Steps: <u>3-4 options Give time to choose</u>
Communication Style: <u>vocalization, eye contact, reaching, body language</u>
Learning Style: <u>routine modeling, verbal & physical prompts</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>seasonal - offer tissue to orland wipe nose</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chopped diet, to prevent choking, visually monitor & verbal cues to consume</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits w/c, 4oz cup, small teaspoon & divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD - communicate to resident</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>medication in soft food followed by sip of water, according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mechanical lift, briefs w/ menstrual capes, 2 pound cross sling likes to be told whats going on</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c supported in her applying her tray, pelvic & safety strap, can propel short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide supervision & physical support in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensory minimal hearing loss. Staff orient themselves in front of her & within 3-4 feet while speaking loudly</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SI BS - hitting the face, pulling own hair, validate feelings, may hit or grab her to a safe location</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>Routine, having nails painted Lunch & snacks on time</u>
Important for:	<u>use her communications skills, taking med, propel w/c as independently as able to.</u>
Likes:	<u>having hair & nails done, eating, snacks, painting, music, games, colors, sensory, music therapy, Bowling & shopping</u>
Dislikes:	<u>having to wait, changing in a room w/ loud music, new or unfamiliar staff, being bumped into</u>

Lead Review Completed: Maura Sweeney

Staff: Natalie Johnson
 Date: 3.31.2022



Service Recipient: Christina Wagner
 Service Span: March 2022-2023

Outcomes:

Outcome #1: <u>Daily, Christina will identify how she is feeling on the iPad</u> Summarize Steps: <u>Staff Present and Review 3-4 options on iPad, time to make her choice.</u>
Outcome #2: <u>Monthly, Christina will choose an outing to go on</u> Summarize Steps: <u>Staff Present 3-4 options using Picture Cards, describe outing, time to make choice.</u>
Communication Style: <u>Vocalizations, body language, facial expressions, eye contact, Crying, reaching for her communication partner's hand.</u>
Learning Style: <u>Routine and repetition, modeling, verbal and physical prompts.</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>Seasonal allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slowly.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits in wheelchair, 4oz cup, small teaspoon, divided plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GERD, Quadriplegic Cerebral Palsy, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Spasticity, hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds in soft food followed by a sip of water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, 1 person lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, support in applying her trau, pelvic and safety belts when using chair. Can propel short distances.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sensorineural hearing loss. Staff Staff will orient themselves 3-4 ft in front of her. Speak loudly and clear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-injurious (hitting self in face, pulling in hair) validate feelings, redirect - different activities</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Routine, having her nails painted, snack and lunch on time</u>
Important for:	<u>use communication skills when feeling upset or anxious, taking meds as scheduled, propel wheelchair independently.</u>
Likes:	<u>Having nails painted, hair done, eating, snacks, painting, listening to music, playing games, coloring, sensory activities, music therapy, bowling, shopping</u>
Dislikes:	<u>Having to wait, changing in a room w/ loud vocalizations, changes in routine, working w/ new people, loud peers, personal space w/ peers bumping into her.</u>

Staff: Ashleigh Shirley
 Answer Key



Service Recipient: Shelly Scott
 Service Span: March 2022-Mar 2023

Date: _____

OUTCOMES:

<p>Outcome #1: Shelly will choose a genre of music to listen to three times a week in 85% or more of trials until her next review.</p> <p>Summarize Steps:</p> <ol style="list-style-type: none"> Staff will offer two music choices to Shelly, naming the genre and playing a sample of each Genre, allowing Shelly time to process and choose. When Shelly makes the choice staff will promptly play that genre of music.
<p>Outcome #2: Shelly will choose to visit another program room a minimum of once weekly in 85% or more of trials until her next review.</p> <p>Summarize Steps:</p> <ol style="list-style-type: none"> Staff will describe other rooms and staff available to visit to Shelly, allowing her time to process and choose When Shelly makes her choice staff will promptly bring Shelly to her chosen room.
<p>Communication Style: Shelly uses vocalizations, facial expressions and body language to communicate.</p>
<p>Learning Style: Kinesthetic, tactile, auditory, repetition</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Cats, farm animals, zoo animals and bug bites. Staff will avoid going places she may be exposed to these allergens. Shelly does not participate in pet therapy per guardian request.</p>
<p>Seizures: Epilepsy <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Absent or GTC seizures. Staff will follow Shelly's seizure protocol. Shelly has a PRN seizure med at PAI.</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Pureed diet, at risk of choking if she has food in her mouth while she has a seizure.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Pureed diet, her first bite takes a while to swallow. Allow her time to swallow her first bite.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Microcephaly, Severe Rheumatoid Arthritis, Asthma, scoliosis DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Upper and lower extremity spasticity, reflexive extensor tone, titanium rods in her back. PAI will report medical concerns to her home.</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Receives meds at PAI, including a PRN seizure med.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: disposable brief, full cares, top bottom lift due, do not twist her back while transferring.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff propel wheelchair, top bottom lift transfers due to spasticity and reflexive movements</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff support in the community to propel wheelchair and model appropriate safety skills in the community.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Bilateral cataracts, considered blind, Staff will place things close to her and verbally explain things that are offered.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: N/A</p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>

<p>Important to: Family, Fidgets, being engaged in activities</p>
<p>Important for: Seizure protocol, dietary needs, familiar staff and advocates</p>
<p>Likes: fidgets, music, hand massages, 1 on 1 time with staff</p>
<p>Dislikes: Feeling tired from seizures, not getting 1 on 1 time with her favorite staff, not having fidgets available</p>

Lead Review Completed: AS

Staff: Celaste Anderson Jones



Service Recipient: Shelly Scott

Date: 4.5.22

Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: <u>Shelly will choose a genre of music to listen to 3 times a week</u> Summarize Steps: <u>offer 2 choices of music genre by playing sample songs, give time to process, play chosen music genre</u>
Outcome #2: <u>Shelly will choose to visit another room room at least 1 time weekly</u> Summarize Steps: <u>describe other program rooms and staff, allow time to process & choose, bring her to chosen program</u>
Communication Style: <u>vocalizations, facial expressions, body language to communicate</u>
Learning Style: <u>Kinesthetic, tactile, auditory, 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>Cats - farm animals, zoo animals, bug bites</u> <u>doesn't participate in pet therapy</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC seizures, has PRN seizure med</u> <u>staff follow protocols</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, at risk of choking, if she has food in her mouth while she has a seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet 1st bite takes a while to swallow</u> <u>staff assist her with feeding</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, Severe Rheumatoid, DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>scapula, upper & lower extremity spasticity, reflexive extensor tone</u> <u>titanium rods in her back, spa</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds and PRN seizure meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, full cares, top-bottom lift</u> <u>due to rods do not twist her back</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propel wheelchair, top-bottom lift transfers</u> <u>due to spasticity & reflexive movements</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propel w/c & model appropriate safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, considered blind, place things close to her and verbally explain things that are ^{relevant}</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>family, fidgets, being engaged in activities</u>
Important for:	<u>seizure protocol, at dietary needs, familiar staff & activities</u>
Likes:	<u>fidgets, music, hand massages 1:1 time with staff</u>
Dislikes:	<u>feeling tired from seizure, not getting 1:1 time with her favorite staff</u> <u>not having fidgets</u>

Lead Review Completed: AS

Staff: Natalie Johnson
 Date: 4-1-2022



Service Recipient: Shelly Scott
 Service Span: March 2022-23

Outcomes:

Outcome #1: Three times a week Shelly will choose a music genre
 Summarize Steps: Give her two options. She will eye gaze to pick.

Outcome #2: Shelly choose to visit another program room min. once a week
 Summarize Steps: Give her two options. She will eye gaze to pick.

Communication Style: Body language, vocalizations, facial expressions

Learning Style: Kinesthetic, 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: <u>Cats, farm animals, zoo animals, bug bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or general tonic-clonic seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft finger foods and pureed</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft finger foods and pureed</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, severe rheumatoid arthritis, asthma, scoliosis, upper and lower extremities spasticity, and reflexive extensor tone</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support from trained staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>top bottom lift, mat table, disposable brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses a manual wheelchair that she cannot propel herself</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support from trained staff at all times. -cannot propel her wheelchair, cannot recognize dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts. -considered cortically blind</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>fidgets, family and friends, being involved, stretching & moving around, one on one time pats on the back, music, being active.</u>
Important for:	<u>Seizure protocol, manipulatives, staff that knows her well</u>
Likes:	<u>music, family, manipulatives, stretching and moving around.</u>
Dislikes:	<u>loud and sudden noises, not being involved</u>

Staff: Anthony
 Date: _____



Service Recipient: Shelly Shelly
 Service Span: Christina

Outcomes:

Outcome #1: Identify how she is feeling
 Summarize Steps: Present and Review 3-4 options

Outcome #2: Choose outfit to go on
 Summarize Steps: 2-4 options for her to choose from

Communication Style: Vocalization, body language, facial expression, eye, crying

Learning Style: Play and Repeating motion, verbal, physical prompts

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>Cats farm animals Zoo animals bug bites</u> <u>avoid places with these allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>OTC Seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Preced diet at risk of Choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Allow him to swallow</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>microcephaly, severe Rheumatoid Arthritis/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Reflexive extensor titanium Rod in back</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reviews meds meds at PAI</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief full cares top bottom Lint</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff prop wheelchair</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support in community prop wheelchair</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bilateral cataracts considered blind</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
Important to: <u>family fidgets being engaged</u>	
Important for: <u>Seizure Protocol, dietary needs, familiar staff</u>	
Likes: <u>fidgets music hand massage lotion</u>	
Dislikes: <u>feeling tired hot settings lotion not having fidgets</u>	

Staff: ~~Shelly~~ ~~See~~ Maria Hefchler
 Date: _____



Service Recipient: Shelly Saberscott
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Shelly choose a genre of music to listen to 3 times Summarize Steps: OFFER 2 choice of music genre by playing sample songs, give time for Sess to choose
Outcome #2: Shelly will choose to visit other program room Summarize Steps: Describe other program rooms and staff, allow time to choose
Communication Style: vs. vocalization, facial expressions, body language to communicate
Learning Style: kinesthetic, tactile, auditory, 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: cats, farm animals, zoo, bug bites
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cte seizures, follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pure diet, at risk choking if she has food in her mouth while she has seizures
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pure diet, first bite takes awhile, allow time to swallow
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Microcephaly, Asthma, Scoliosis, upper and lower extremity, titanium rods in her back DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Percivos meds at PAI, include PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, full cares, lift done not twist her back
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff propel wheelchair, top bottom lift transfers due to spasticity and reflexive movements
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: support to propel wheelchair and model appropriate safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Consider blind - place things close to her
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.
Important to:	family, being engaged in activities
Important for:	seizure protocol, dietary needs, familiar staff
Likes:	fidgets, music, hand massages, 1 on 1 w/ staff
Dislikes:	Feeling tired from seizures, not getting 1 on 1 not having 1 on 1 with favorite staff

Lead Review Completed: AS

Staff: Morgan
 Date: 3/29/2022



Service Recipient: Shelly S.
 Service Span: March 22-23

Outcomes:

Outcome #1: choose genre of music
 Summarize Steps:
2 music choices, allow time to choose

Outcome #2: visit program room
 Summarize Steps:
describe room, allow time to choose

Communication Style:
vocalizations, facial expressions, body language

Learning Style:
Kinesthetic, tactile, auditory, 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: <u>Cats, farm animals, zoo animals, bug bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absent seizures, PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed, risk if have seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>first bite white to swallow, allow time to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>microcephaly, spasticity, rods in back</u> <small>DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</small>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN, meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, top bottom lift, dont twist back</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, top bottom lift</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>propel wheelchair, model appropriate skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cataracts, verbally explain things</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>family, fidgets, being engaged.</u>
Important for:	<u>seizure protocol, dietary needs, familiar staff</u>
Likes:	<u>fidgets, music, 1:1 w/ staff</u>
Dislikes:	<u>no 1:1 w/ staff, no fidgets, tired from seizures</u>

Lead Review Completed: AS

Staff: Laura Staeken
 Date: March 29, 2022



Service Recipient: Shelly S.
 Service Span: March 22 - March 23

Outcomes:

Outcome #1: <u>Shelly will choose a genre of music to listen to three times.</u> Summarize Steps: <u>a week.</u> <u>offer 2 choices of music genre by playing sample song.</u>
Outcome #2: <u>Shelly will choose to visit another program room a mini.</u> Summarize Steps: <u>of Joyce weekly.</u> <u>Describe other program's room.</u>
Communication Style: <u>Shelly uses vocalizations, facial expressions & body lang to communicate.</u>
Learning Style: <u>Kinesthetic, Active, auditory, 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>Cats, Farm Animals, & Bug Bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or ETC Seizures Follow Protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, at risk of choking if she has food in her mouth, while having a seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, her first bite takes a while to swallow, allow time.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, severe Rheumatoid Arthritis, Asthma, scoliosis, upper and lower extremity spasticity.</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds @ PAI including PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, full cares top/bottom life</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff Propel wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff Support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, considered blind, staff will place hands close to her & verbally</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Family, Fidgets, being engaged in activities</u>
Important for:	<u>Seizure protocol, dietary needs, familiar staff</u>
Likes:	<u>Fidgets, music, hand massages, 1:1 time</u>
Dislikes:	<u>Feeling tired, seizure, not getting 1:1 time w/ favorite staff, not having fidget.</u>

Lead Review Completed: AS

Staff: DEANNE Lepen
Date: 3-29-22



Service Recipient: Shelley Scott
Service Span: March 2022-2023

Outcomes:

Outcome #1: <u>Choose genre of music to listen to 3x in 85% until next flow.</u> Summarize Steps: <u>offer 2 choices of music genre by playing sample songs</u>
Outcome #2: <u>Choose to visit a program room min of 1x wk.</u> Summarize Steps: <u>choose to visit another program room</u>
Communication Style: <u>Vocalizations, facial express</u>
Learning Style: <u>auditory + 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>Cats, farm animals, zoo animals, bus bites</u> <u>avoid swings to places hairs exposed</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC. follow seizure protocol</u> <u>Has PRN at PAI.</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>puree diet, not risk of choking if she has</u> <u>food in her mouth while having a seizure</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, Seizure PA</u> <u>Reflex, Titanium-plates in back</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>Follow MAR</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Biell-Full care, top/Bottom lift</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stroop Prop. wheelchair top/Bottom lift</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help propel wheelchair + model app system skills</u> <u>in comm.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, considered legally blind</u> <u>place things close to her</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NONE</u>	
Important to:	<u>Gamium, Fidgets, have engaged in activities, familiar staff</u>	
Important for:	<u>seizure protocol dietary needs</u>	
Likes:	<u>Fidgets, music, 1:1 time w/ favorite staff</u>	
Dislikes:	<u>tired from seizures, not having fidgets avail.</u>	

Lead Review Completed: AS

Staff: Fertig
 Date: 3/28/22



Service Recipient: Stacy Scott
 Service Span: 3/22-3/23

Outcomes:

Outcome #1:	<u>Stacy will choose a game of her choice to play to 3/week in 90 days.</u>
Summarize Steps:	<u>offer 2 choices of game by play sample bags, give time to process & choose play more game.</u>
Outcome #2:	<u>chooses to visit another program with</u>
Summarize Steps:	<u>Describe the other program & offer to give her to choose</u>
Communication Style:	<u>verbal, body language</u>
Learning Style:	<u>visual, tactile, auditory & 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>caffeine, dairy, almonds, 2nd allergy by belly</u> <u>avoid gum to places where you have these allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has seizure PPN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pieces of food or small pieces of food in</u> <u>her mouth while eating & playing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>passed diet, but first belly takes a while to</u> <u>adjust to the diet to follow the first diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>in concept, PA</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>receives medical at PAI facility PPN seizure</u> <u>med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>digestive issues, full care, top belly lift due</u> <u>to not being able to lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help in wheelchair & medical approved safety skills</u> <u>while in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Belt contract</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>family, friends, & typical activities</u>
Important for:	<u>seizure protocol, dietary needs, further staff and</u> <u>advocates</u>
Likes:	<u>friends, music, hand massages 1:1 with family staff</u>
Dislikes:	<u>feeling tired after seizures, not getting 1:1 with family staff</u>

Lead Review Completed: AS

Staff: Maddy K



Service Recipient: Shelly S

Date: _____

Service Span: _____

Outcomes:

Outcome #1: <u>Shelly will choose a genre of music 3x/week</u> Summarize Steps: <u>- offer 2 choices</u> <u>- Give time to choose</u>
Outcome #2: <u>Choose to visit another program area</u> Summarize Steps: <u>- Describe other program rooms + staff</u> <u>- Allow time to choose</u> <u>- Staff assist in bringing her</u>
Communication Style: <u>Vocalizations, facial expressions, body language</u>
Learning Style: <u>Kinesthetic, tactile, auditory, 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>Cats, farm animals, zoo animals, bug bites</u> <u>- Staff avoid bringing her around these things</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC</u> <u>- Staff follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, Food in mouth during seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, first bites take awhile to swallow.</u> <u>- staff allow time to eat</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, Arthritis, Asthma, Scoliosis, Spasticity, reflexive extensor tone, rods in back.</u> <u>- Report concerns to home</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds</u> <u>- Staff follow orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, full cares, top bottom lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel chair + model safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Blind - Place things close + verbally explain</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>

Important to: Family, fidgets, being engaged

Important for: Seizure protocol, diet, familiar staff

Likes: Fidgets, music, hand massages, 1:1 time

Dislikes: Being tired, no 1:1 time, not having fidgets

Lead Review Completed: AS

Staff: Summer



Service Recipient: Shelly S.

Date: _____

Service Span: _____

Outcomes:

Outcome #1: Choose genre of music 3x weekly
 Summarize Steps: Offer 2 choices by playing samples, allow choice

Outcome #2: Choose to visit room
 Summarize Steps: offer options for rooms and staff allow choice

Communication Style: Vocalization, facial expression, body language

Learning Style: kinesthetic, tactile, auditory, rep

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>Cats, Animals, bug bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Abdom, etc seizures, prn @ pai</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, @ risk of choking ^{if food in mouth} during screen</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, allow time to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Asthma, scoliosis, upper / lower spcaity</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does receive meds, seizure prn</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable briefs, full cars, do not trust back</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff push w/ w/ chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Push wheelchair, motor safety stems</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>blinded like vision, place in front</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>family, fidget, engaged in activities</u>
Important for:	<u>seizure protocol, dietary needs</u>
Likes:	<u>fidgets, music, 1v1 w/ staff</u>
Dislikes:	<u>fire, no 1v1</u>

Lead Review Completed: [Signature]

Staff: EPIN SANDSTROM
 Date: 3.29.2022



Service Recipient: SHelly Scott
 Service Span: MARCH 2022 -
MARCH 2023

Outcomes:

Outcome #1: <u>SHelly will choose a music genre for week</u>
Summarize Steps: <u>offer 2 choices of music genre by playing sample songs.</u>
Outcome #2: <u>SHelly will choose to visit another program room</u>
Summarize Steps: <u>Describe other program rooms, allow time to process and choose.</u>
Communication Style: <u>VOCALIZATIONS, FACIAL EXPRESSIONS, BODY LANGUAGE</u>
Learning Style: <u>KINESTHETIC, TACTILE, AUDITORY, 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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>CATS, FARM ANIMALS, ZOO ANIMALS - NO PET THERAPY</u>
Seizures: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>EPILEPSY - ABSENT, GTC SEIZURES - PRN</u>
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>PURED DIET, 2 HANDLED CUP.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PURED DIET - FIRST BITE TAKES ANTHIE.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>MICROCEPHALY, ARTHRITIS, ASTHMA, SCIOLOSIS, SEIZURES, TITANIUM ROD IN BACK</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>RELIEVES MEDS AT PAI, PRN SEIZURE MED</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BRIEF, TOP/BOTTOM LEFT.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>STAFF PROPUL W/C. TOP/BOTTOM LEFT</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PROPUL W/C, SAFETY SKILLS</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>BILATERAL CATARACTS, PULL THINGS CLOSE TO HER.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to:	<u>FAMILY, FIDGETS, BEING ENGAGED IN ACTIVITIES</u>
Important for:	<u>SEIZURE PROTOCOL, DIETARY, FAMILIAR STAFF</u>
Likes:	<u>FIDGETS, MUSIC, HAND MESSAGES 1:1 TIME</u>
Dislikes:	<u>TIBED FROM SEIZURES, NO 1 ON 1 TIME, NOT HAVING FIDGETS</u>

Lead Review Completed: AS

Staff: Betsy
 Date: 3/29/2022



Service Recipient: Shelly S.
 Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: 3x wkly choose music genre
 Summarize Steps: Offer 2 choices, give time to process, play music

Outcome #2: 1x wkly choose another room to visit
 Summarize Steps: Describe rooms & staff, allow time to process, go to chosen room

Communication Style: Vocalizations, facial expressions, body language

Learning Style: Kinesthetic, tactile, auditory, 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: <u>Cats, farm animals, zoo animals, bug bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC follow protocol PAI at PAI</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed risk of choking if having a seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed allow to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, ISRA, Asthma, scoliosis, upper + lower extremity spasticity, reflexive extensor tone, rods</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds at PAI including PRN seizure</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full care, top bottom lift, don't twist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propels wheel chair, top bottom lift</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assists</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, considered blind</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>

Important to: family, fidgets, engaged in activities

Important for: seizure protocol, dietary needs, familiar staff

Likes: fidgets, music, hand massage 1:1

Dislikes: feeling tired from seizures, no 1:1 time, having fidgets ^{not}

Lead Review Completed: AS

Staff: Jenny Trimbic
 Date: 3/29/22



Service Recipient: Shelly Scott
 Service Span: 3/2022 - 3/2023

Outcomes:

Outcome #1: <u>Shelly will choose a music genre to listen to</u>	to 3x4 leaf
Summarize Steps: <u>offer 2 choices of music play chosen music</u>	
Outcome #2: <u>Shelly will choose another room to visit.</u>	
Summarize Steps: <u>offer to choose between 2 choices of a program rooms</u>	
Communication Style: <u>vocalizations, facial expressions & body language</u>	
Learning Style: <u>kinesthetic, tactile, Auditory & 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>Cats, Farm, Zoo Animals.</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC Seizures follow protocol prn</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet. At risk of choking if seizure occurs</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet. First bite takes awhile to swallow. allow time to swallow</u>	*bite
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, severe Rheumatoid Arthritis, Asthma, Scoliosis</u>	DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds & prn</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Top bottom lift. Brief - no twisting</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel w/c, top bottom lift due to spasticity.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support propel w/c and model appropriate skills in community</u>	ic
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, blind place things close to her and explain</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	
Important to:	<u>family, Fidgets activities.</u>	
Important for:	<u>Seizure protocol</u>	
Likes:	<u>Fidgets, hand massager, 1:1 w/ staff</u>	
Dislikes:	<u>Feeling tired from seizures, not getting 1:1 not having fidgets available</u>	

Staff: Kyla M
 Date: 3.29.22



Service Recipient: Shelly
 Service Span: March 22-23

Outcomes:

Outcome #1: <u>Shelly will choose a genre of music to listen to 3 per week</u> Summarize Steps: <u>offer 2 choices of music genre by playing sample song</u>
Outcome #2: <u>Shelly will choose to visit another room once weekly</u> Summarize Steps: <u>Describe other program room staff</u>
Communication Style: <u>uses vocalization, facial expression, body text.</u>
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: <u>Cat, farm animals, zoo animals</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absinor 6TC</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, At risk w/ food in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced diet, first bite takes a while to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>DNR/DWI</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Microcephaly - upper/lower extremity spasticity</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds @ PAI include PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bottom left</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propel wheelchair top/bottom left transfer</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model appropriate safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts, place thing close to her</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: <u>Family, fidgets</u>	
Important for: <u>Seizure protocol - dietary need</u>	
Likes: <u>fidgets music hand messages</u>	
Dislikes: <u>feeling tired from seizure not getting 1 on 1</u>	

Lead Review Completed: AS

Staff: Kanya Mason



Service Recipient: Shelly Scott

Date: 3-29-22

Service Span: _____

Outcomes:

Outcome #1: Shelly will choose a genre of music to listen to 3 times a week
 Summarize Steps: Offer 2 choices of music by genre by playing sample of songs

Outcome #2: Shelly will choose to visit another program room minimum 2 weekly
 Summarize Steps: Describe other program rooms and staff

Communication Style: facial expressions body language vocalizations

Learning Style: auditory tactile kinesthetic

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cats zoo animals bug bites</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC seizures medications at PAI</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, when Shelly has food in her mouth while having a seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet 1st bite takes some time to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sever Rheumatoid Arthritis</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>ROCKS in her back</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds at PAI and RRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TOP bottom lift full cares Brief do not twist Shelly back while trans ferine</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheel chair Staff Propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support in the community to propel wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bilateral cataracts consider blind verbally explain</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to: <u>Family fidgets engaged in activities</u>	
Important for: <u>Seizure Protocol</u>	
Likes: <u>1 on 1 time, hand massage</u>	
Dislikes: <u>fired from seizure</u>	

Lead Review Completed: AS

Staff: Colette Rice

Date: 3/29/22



Service Recipient: Shelly

Service Span: Scott

march 22 - 23

Outcomes:

Outcome #1: Choose music to listen to
Summarize Steps: offer 2 music choices

Outcome #2: Choose to visit another room
Summarize Steps: Describe other rooms, let her choose

Communication Style: Vocalizations, facial expressions, body language

Learning Style: tactile, 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: <u>Cats, Farm/200 animals</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Seizure med GTC Seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, at risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Specialized diet, first bite takes ^{advice}</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tykarium</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>ASTHMA, Spasticity, ^{Rod's} in back</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Seizure med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>top bottom lift, briefs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel to wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>propel wheel chair, Staff Supports</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind, verbally explain</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>

Important to: family, fidgets, engaged

Important for: Seizure protocol

Likes: fidgets music, to feel time,

Dislikes: tired, not having fidget available

Lead Review Completed: AS

Staff: Kia L. Bauch

Date: 3/29/22



Service Recipient: Shelly Scott

Service Span: Mar 22' → 23'

Outcomes:

Outcome #1: Shelly will choose a genre of music
 Summarize Steps:
offer 2 choices of music genres, allow to choose

Outcome #2: will choose to visit another program room to visit
 Summarize Steps:
Describe other rooms, let her choose

Communication Style:
vocalizations, facial expressions, body language

Learning Style:
Kinesthetic, tactile, auditory, 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: <u>Cats, farm animals, bugs, no pet therapy</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent or GTC seizures, has a PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed, at risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, first bite takes awhile to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, Asthma, Scoliosis, rods in her back</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receives meds, PRN for seizures</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, full cares, top-bottom lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel wheelchair, full cares, topbottom lift</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supports</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bilateral cataracts, considered blind, verbally explain</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>family, fidgets, being engaged in activities</u>
Important for:	<u>seizure protocol, familiar staff</u>
Likes:	<u>fidgets, music, 1 on 1 time</u>
Dislikes:	<u>tired, not getting 1 on 1 time</u>

Lead Review Completed: AS

Staff: Diane L. W



Service Recipient: Shelly S

Date: 3/29/23

Service Span: _____

Outcomes:

Outcome #1: Choose music genre of music by a week
Summarize Steps: Offer 2 choices by playing the two types of music

Outcome #2: Choose another room to visit
Summarize Steps: Describe Room + Scoop Below to process

Communication Style: Vocalizations, Facial Expressions, Body Language

Learning Style: Tactile, Auditory, Repetition, Body Language

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>Cats, animals, Bug Bites, No Pet Therapy</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>6TC, follow protocol follow ^{Push up} foodst bite</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed Diet, food in mouth while seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed Diet, Allow time to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Microphaly, Asthma Society, Scoliosis, Sittles, Naurington Pods</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Med from home give by train @ staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Top bottom lift, keep back straight</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Scoop Propel wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1-1 Propel chair, staff to assist + protect</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment - place items close by</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: family, fidgets, activities

Important for: Seizure Protocol, Dietary Needs, Family, Staff +

Likes: find from seizures, No familiar staff, Advocate

Dislikes: fidgets, music, 1-Home

Lead Review Completed: AS

Staff: Nancy Harmon
Date: 3-29-22



Service Recipient: Shelly Scott
Service Span: March 22-23

Outcomes:

Outcome #1: <u>Choose music to listen to.</u> Summarize Steps: <u>offer 2 music choices, play 2 kinds let her choose</u>
Outcome #2: <u>Choose to visit new room</u> Summarize Steps: <u>Staff describe rooms, after she chooses bring her to her room.</u>
Communication Style: <u>Vocally, facially, body language</u>
Learning Style: <u>tactile - auditory & 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>Cats, farm animals, no animals</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absent seizures, follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet 1st bite is slow to swallow</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>microcephaly, severe RA, Asthma, report concerns to home</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN etc.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs top-bottom lift, no twisting</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>propel her wheelchair for her</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>propel wheelchair, safety skills while in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cataracts: legally blind, Place things close to her</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>

Important to: family, fidgets, activities

Important for: Seizure protocol, familiar staff, medical needs

Likes: fidgets, hand massages 1:1 time

Dislikes: feeling tired, no fidgets, no 1:1 time

Staff: Megan Gagner
 Date: 3/29/2022



Service Recipient: Shelly Scott
 Service Span: Mar 27 - Mar 23

Outcomes:

Outcome #1: Shelly will choose a genre of music to listen to
 Summarize Steps: Provide options
allow time to choose
play genre

Outcome #2: Shelly will choose another program room to visit
 Summarize Steps: show other rooms
allow time to choose
bring Shelly to room of her choice

Communication Style: Vocalizations, facial expressions, body language

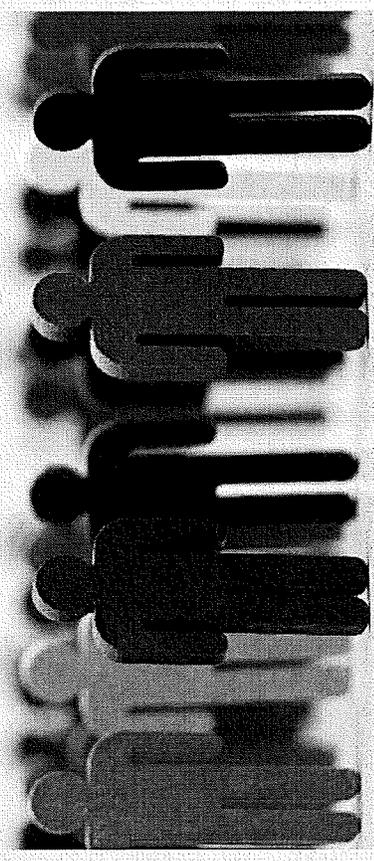
Learning Style: Auditory, repetition, kinesthetic

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

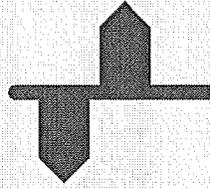
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cats, farm animals, zoo animals, bug bites, no pet therapy</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent seizures, follow seizure protocol, PRN med at PAI</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, at risk of choking with food in her mouth while having a seizure</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may take awhile to swallow, allow time with her first bite</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>asthma, scoliosis, reflex titanium rods in her back</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds at PAI, including PRN seizure med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, top bottom lift due to upper/lower spasticity</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propel wheelchair, top/bottom lift</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff support, propel wheelchair, monitor while in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>considered legally blind, staff will place things close to her</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>Family, fidgets, being engaged in activities</u>
Important for:	<u>seizure protocol, dietary needs</u>
Likes:	<u>fidgets, music, hand massages, 1:1 time with favorite staff</u>
Dislikes:	<u>feeling tired from seizures, not having fidgets available</u>

Lead Review Completed: AS

**PAI-
Linden/Oakdale
Team Meeting**



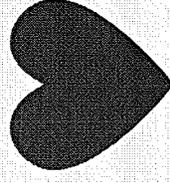
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

Welcome

Site-Specific Updates

Agency-Wide Updates

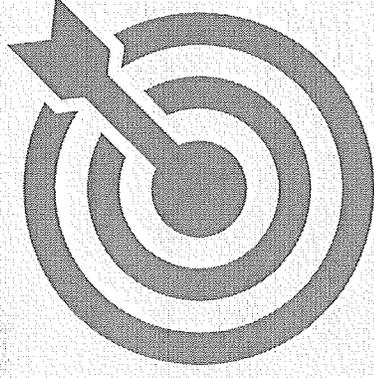
Policy and Procedure Review

Employee Handbook Review

Competency Reviews

Semi-Annual and CSSP Reviews

Wrap Up



Site-Specific Updates

Fire Drill:

- Doors need to be shut after everyone is out of your room (to contain the fire).
- Staff need to go back in and get additional participants.



Competency Reviews

Outcome #1: Daily, Christina will identify how she is feeling using emotions on the iPad in 80% of all opportunities.

Summarize Steps:

Staff present and review 3-4 options on iPad, time to make her choice.

Outcome #2: Monthly, Christina will choose an outing to go on in 80% of all opportunities.

Summarize Steps:

Staff present 3-4 options using picture cards, describe outing, time to make choice.

Communication Style: Vocalizations, body language, facial expressions, eye contact, crying, reaching for her communication partner's hand.

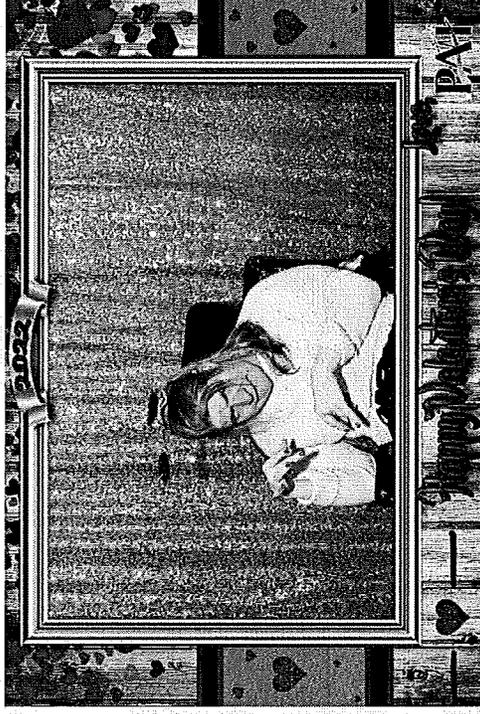
Learning Style: Routine and repetition, modeling, verbal, and physical prompts.

Christina Wagner
Annual Span: March 2022-
March 2023



Competency Reviews

Christina Wagner
 Annual Span: March 2022 -
 March 2023



Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies: Offer her a tissue to and/or wipe nose when runny, report concerns home, home gives medication
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: N/A-no seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slowly
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sits in wheelchair, 4 oz cup, small teaspoon, divided plate

Competency Reviews

Christina Wagner
 Annual Span: March 2022 -
 March 2023



Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: -GERD: Symptoms communicated to residence -Quadriplegic Cerebral Palsy (CP): May experience problems with sensations, vision, and hearing, swallowing, and speaking. Symptoms communicated to residence -Spasticity: Supported in taking medication daily to reduce tightness, monitored for signs or symptoms of discomfort -Hypertension: Monitored for signs and symptoms of high blood pressure such as headache and dizziness 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: Medication in soft food followed by a sip of water, medications administered according to the prescriber's order
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, support with menstrual cares, transferred by 1 staff using a mechanical lift and a 2-point cross leg sling, likes to be told what is being done while completing cares, brief changed regardless of output, concerns and requests communicated to residence.

Competency Reviews

Christina Wagner
 Annual Span: March 2022 -
 March 2023



Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wheelchair, support in applying her tray, pelvic and safety belts while using her wheelchair, can propel her chair short distances (under 10 feet), staff assist for longer distances and outside the building
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support in the community, practice pedestrian safety skills, observe surroundings, call 911 in an emergency.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Sensorineural Hearing Loss: Staff will orient themselves in front of her and within 3-4 feet while speaking loudly and clearly. It is helpful to lightly touch her hand and make eye contact prior to speaking.

Competency Reviews

Christina Wagner
 Annual Span: March 2022 -
 March 2023



Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self-Injurious (hitting self in face, pulling own hair): Validate feelings, redirect-different activities, encourage communication Physical aggression (loud vocalizations, attempt to hit/grab those around her): Assisted to safe location, watch her, promote safety, when calm-praise
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.

Competency Reviews

Christina Wagner
Annual Span: March 2022 -
March 2023



Important to: Routine, having her nails painted, snack and lunch on time
Important for: Use her communication skills when feeling upset or anxious, taking her medication as scheduled, and propel her wheelchair as independently as she is able.
Likes: Having nails painted, hair done, eating (especially Chinese food), snacks, painting, listening to music, playing games, coloring, sensory activities, Music Therapy, bowling, shopping
Dislikes: Having to wait, changing in a room with loud vocalizations, changes in routine, working with newer or unfamiliar staff, loud peers, peers in her personal space bumping into her wheelchair.

Competency Reviews

Outcome #1: Shelly will choose a genre of music to listen to three times a week in 85% or more of trials until her next review.

Summarize Steps:

Offer 2 choices of music genre by playing sample songs, give time to process and choose, play chosen music genre

Outcome #2: Shelly will choose to visit another program room a minimum of once weekly in 85% or more of trials until her next review.

Summarize Steps:

Describe other program rooms and staff, allow time to process and choose, bring her to chosen program room

Communication Style: Shelly uses vocalizations, facial expressions and body language to communicate.

Learning Style: Kinesthetic, tactile, auditory, repetition

Shelly Scott
March 2022-March 2023



Competency Reviews

Shelly Scott
 March 2022-March 2023



Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Cats, farm animals, zoo animals and bug bites. Staff will avoid going places she may be exposed to these allergens. Shelly does not participate in pet therapy per guardian request.
Seizures: Epilepsy <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Absent or GTC seizures. Staff will follow Shelly's seizure protocol. Shelly has a PRN seizure med at PAI.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Pureed diet, at risk of choking if she has food in her mouth while she has a seizure.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Pureed diet, her first bite takes a while to swallow. Allow her time to swallow her first bite.

Competency Reviews

Shelly Scott
March 2022-March 2023



<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: DNR/DNI: No <input checked="" type="checkbox"/> Yes Microcephaly, Severe Rheumatoid Arthritis, Asthma, scoliosis, Upper and lower extremity spasticity, reflexive extensor tone, titanium rods in her back. PAL will report medical concerns to her home.</p>
<p>Medication at PAL: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Receives meds at PAL, including a PRN seizure med.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: disposable brief, full cares, top bottom lift due, do not twist her back while transferring.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff propel wheelchair, top bottom lift transfers due to spasticity and reflexive movements</p>

Competency Reviews

Shelly Scott
March 2022-March 2023



Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff support in the community to propel wheelchair and model appropriate safety skills in the community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bilateral cataracts, considered blind, Staff will place things close to her and verbally explain things that are offered.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.

Competency Reviews

Shelly Scott
March 2022-March 2023



Important to: Family, Fidgets, being engaged in activities
Important for: Seizure protocol, dietary needs, familiar staff and advocates
Likes: fidgets, music, hand massages, 1 on 1 time with staff
Dislikes: Feeling tired from seizures, not getting 1 on 1 time with her favorite staff, not having fidgets available

Semi-Annual Reviews

Kim Varness

- Outcome 1: Daily, Kim will choose another programming room to visit in 80% of all opportunities over the next 6 months.
- Outcome 2: Monthly, Kim will choose an outing to go on 80% of all opportunities over the next 6 months.



Semi-Annual Reviews

John Boeck

Outcome 1: Monthly, John will choose a community outing he would like to attend in 85% of trials for a 6-month period.

Outcome 2: Twice a week, John will choose another program room to visit in 75% of trials over a 6-month period.



Semi-Annual Reviews

Angelina Mazoleny

Outcome 1: Three times a week, Angelina will choose a room or person to visit in 80% of all trials.

Outcome 2: Monthly, Angelina will greet someone in the community while on an outing 80% of all trials over a 6-month period.



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?



