



In-Service Training Log - Linden

Date:

8/9/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			MM Comp Quiz
.25	Maddy K			Linden Bash, WBCA PAI Art Gallery
.25	Kelley Skumautz			MITS, Vadnais Heights Parade

Make up Date	Initial	EE ID	Last Name
8/16/22	BA		Ailport, Betsy
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
	AC		Cox, Alice
	AH		Hampton, Tony
	MH		Hetchler, Maria
	NT		Johnson, Natalie
	FK		Kalu, Festus
			Larson, Nancy
		DL	Lepley, Deanne
	SM		Mafi, Sommer
	KM		McKnight, Kyla

Make up Date	Initial	EE ID	Last Name
	SN		Neirad, Shelly
	CR		Rice, Colette
	J		Sales, Jill
	ES		Sandstrom, Erin
	HL		Stacken, Laura
	OT		Trimble, Jenny
	LY		Yang, Lisa
8-22-22	KP		Kathy Perry
	SR		Ranwiler, Sara

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

Make up Date	Initial	EE ID	Admin Staff

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Competency Tracking Form Linden Site

Participant: **Matt Morelan** Annual Service Span: July 22-July 23

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

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

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

Date Completed	Initials	Full Name
8/16/22	BA	Ailport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	A	Cox, Alice
	AH	Hampton, Tony
	MAH	Hetchler, Maria
		Hiland, Lindsay
	NJ	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	SR	Ranweiler, Sara
	CR	Rice, Colette
9/23	JS	Sales, Jill
	ES	Sandstrom, Erin
		Shirley, Ashleigh
	LR	Stacken, Laura
	JT	Trimble, Jennifer
	LY	Yang, Lisa
8-	KP	Kathy Perry

Date Uploaded to LMS: 9/1/2022

Staff: _____

Date: _____



Service Recipient: Matt M

Service Span: _____

Outcomes

Outcome #1: Two times per week, Matt will press a MAC switch to indicate he would like to walk to visit another program area

Outcome #2: Daily, Matt will participate in an activity at the table for 3 minutes or longer

Communication Style: facial expressions, vocalizations, gestures

Learning Style: kinesthetic and repetition/routine

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 -Staff communicate concerns to Matt's residence
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder partially controlled by medication -Monitor for seizure activity. Follow his protocol in the event of a seizure.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking -Staff monitor during mealtime and make sure Matt is taking small bites
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, thin liquids -Staff assist in ensuring that his meals are in accordance with his dietary needs
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Intracerebral hemorrhage infantile, Right sided hemiparesis, Constipation, Folliculitis -Staff monitor Matt and communicate concerns to Matt's team 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: Diazepam- Seizure PRN -Staff follow seizure protocol
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief, transfer belt, lays on mat table -Staff assist Matt to the mat table. Assist Matt in wearing clean and dry clothing
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair. May be unsteady while walking. May have difficulty seeing objects in his path. -Staff propel Matt's wheelchair and assist him with a gait/posey belt while walking.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community. Staff propel Matt's wheelchair in the community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, overstimulation -Staff assist Matt while walking and offer items up close. If Matt is overstimulated, staff will remove him from the space or offer him time in the recliner.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: History of reaching for or slapping peers and staff. -Staff will remove themselves or peers within arms reach when Matt is agitated
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA

Important to: Participating in activities, mealtime, socializing with staff and peers, his family

Important for: being independent, working with caregivers that know him well, his seizure protocol, bearing weight, his dietary order

Likes: being a part of the group, working with female staff, music therapy, having a good lunch, relaxing in the recliner, going for walks

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Dislikes: waiting for his food, not being included, when his AFO's are uncomfortable, being in his wheelchair for too long

Lead Review Completed: _____

Staff: Maria
 Date: _____



Service Recipient: Matt M.
 Service Span: _____

Outcomes:

Outcome #1	Two times for week. matt will press a MAC switch to indicate he would like to walk to visit another program area
Outcome #2:	Daily, matt will participate in an activity at the table for 3 minutes or longer
Communication Style:	Facial expressions, localizations, gestures
Learning Style:	kinesthetic and repetition / routine

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
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder partially controlled by medication
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: size bites pieces
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Intracerebral hemorrhage in infancy, right sided hemiparesis, 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: Diazepam - Seizure PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief, transfer belt, lays own mat table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair, maybe unseated while walking, may have difficult seeing object.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1% in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, overstimulation
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: history of reaching for or sleeping peers & stuff
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to:	participating in activities, mealtimes, socializing with staff & peers, his family
Important for:	being independent, working with caregiver that know him well, his seizure protocol, bearing weight, his dietary order.
Likes:	being a part of the group working with female staff, music therapy, having a good lunch, relaxing in the recliner, going for walks.
Dislikes:	waiting for his food, not being included, when his AFO's are uncomfortable, being in his wheelchair for too long.

Staff: Lisa Yang
 Date: 8/9/2022



Service Recipient: Matt M
 Service Span: _____

Outcomes:

Outcome #1: <u>Two times per week matt will press a MAC Switch to indicate he would like to walk to visit another program area.</u>
Outcome #2: <u>Daily. Matt w/ participate in an activity at the table for 3 minutes / longer.</u>
Communication Style: <u>facial expressions, vocalizations, gestures</u>
Learning Style: <u>Kinesthetic / repetition / routine</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>Staff communicate concerns to Matt residence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitor for seizure activity. Follow his protocol in event of seizure?</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff monitor during mealtimes & making sure Matt is taking small bites.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dite size pieces, thin liquids</u> <u>Staff assist ensuring that his meals are in accordance w/ his dietary needs.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral hemorrhage</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>DNR/DNI: NO!</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow seizure protocol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Matt to table / in wearing clean & dry clothes.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair. Unsteady while walking, difficulty seeing object in his path. Assist w/ gait / posey belt while walking.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community. Propel Matt's wheelchair in the community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment, overstimulation. Assist staff w/ walking or few items up close. If matt is overstimulation/ remove him from space.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will remove themselves or peers within arm's reach when matt is agitated</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to: <u>his family</u>	<u>Participating in activities, mealtimes, socializing w/ staff & peers</u>
Important for:	<u>Activities, mealtimes, socializing w/ staff</u>
Likes:	<u>working w/ caregivers that knows him well.</u>
Dislikes:	<u>being part of group, working w/ females staff, music, good lunch relaxing rechner, going for walks</u>

Sylvia a WBCA artist will be held @ Linden Aug. 8th, 29th, @ 1pm
Nov. 3rd artwork due to WBCA
Nov. 7th PA1 gallery opens
Nov. 9th Opening reception 10am-12pm

Staff: John K
 Date: 8/9/22



Service Recipient: Matt M
 Service Span: _____

Outcomes:

Outcome #1	<u>2 hrs a yr Matt will participate in a MA C switch to indicate how to walk to visit another room.</u>
Outcome #2:	<u>Daily Matt will participate in a activity at his table for 30 min.</u>
Communication Style:	<u>facial expressions, vocalizations, gestures</u>
Learning Style:	<u>kinesthetic & repetition / routine</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> <u>staff communicate concerns to Matt's residence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure 15 min partially controlled by med</u> <u>Monk on seizure activity, Colby has protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking</u> <u>staff monitor any mechanical nature since onset, stay with him</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bob sized pieces, thin liquids</u> <u>staff assist in ensuring that his meals are in a container he needs</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>lupus related hemolytic infantile</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>left sided hemiparesis, costochondritis, folliculitis</u> <u>staff monitor Matt & communicate as concerns Matt's care</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diazepam - seizure PRN</u> <u>staff follow seizure protocol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dispersed bright, transfer belt, loop on hot table</u> <u>staff assist Matt to his med table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheel chair, may be unsteady while walking</u> <u>may have difficulty walking - his path staff propel Matt's wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>living in community, staff propel wheelchair</u> <u>wheelchair community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>manual wheel chair, may be unsteady while walking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff will remove themselves or personnel and reach for help</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	
Important for:	<u>Buy and use of being with being on bus</u>
Likes:	<u>Buy part of the group, music, dancing, golf walks</u>
Dislikes:	<u>waiting for his food at day market, by wheelchair to go to job</u>

Staff: Laura Stacken



Service Recipient: Matt M.

Date: Aug 9th, 2022

Service Span: July 22-23

Outcomes:

Outcome #1	2x week, matt will press a mac switch to indicate he would like to walk to visit
Outcome #2:	Daily, matt will participate in an activity at table for 3min.
Communication Style:	facial expression, vocalizations, gestures.
Learning Style:	Kinesthetic, repetition/routine

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: Staff communicate concerns to Matt's residence
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder partially controlled by med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, thin liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: intercranial hemorrhage infantile, constipation, rightside tremiforesis, 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: Diazepam-seizure PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief, transfer belt, lays on mattable
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair, maybe unsteady while walking,
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 support in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, overstimulation
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: History of reaching for or stepping peers/staff
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to:	participating in activities, mealtime, socializing with staff & peers / Family
Important for:	independent, working with caregivers that know him, seizure protocol
Likes:	part of group, working w/ female staff, music therapy, having a good time.
Dislikes:	waiting for food, not being included, when his AFO's

Staff: Sara Kanweiler
 Date: 8-9-22



Service Recipient: Matt M.
 Service Span: _____

Outcomes:

Outcome #1	<u>While two times a week matt will press max switch to indicate he would like</u>
Outcome #2:	<u>Daily matt will participate in a activity on table for 3 minutes</u>
Communication Style:	<u>facial expressions, vocalizations, gestures</u>
Learning Style:	<u>Kinesthetic, repetition, routine</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder partially controlled by med</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no of choking monitor make sure small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, thin liquids, staff assist</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>In cerebral hemorrhage</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>Piaze gam seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, transfer belt, clean/dry clothing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair, unsteady walking, propel wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community, staff propel wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VISION impairment, overstimulation, space or in medication</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of reaching or slapping peers or staff</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u> removed self when he is agitated
Important to:	<u>Participating in activities, meal time, socializing with staff/peers</u>
Important for:	<u>being independent, working with female staff, working with care givers that know him</u>
Likes:	<u>being part of the group working with female staff, music therapy, having a good lunch</u>
Dislikes:	<u>waiting for his food, not being included, ATOS in com forttable</u>

Staff: Natalie Johnson
 Date: 8-9-2022



Service Recipient: Matt Morelan
 Service Span: July 22-23

Outcomes:

Outcome #1	Mae switch two times per week to indicate he would like to walk to another program room
Outcome #2:	Daily, Matt will participate in an activity at the table for three min or longer.
Communication Style:	Kinesthetic, repetition, ↙
Learning Style:	Vocalizations, facial expressions ↙

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>Seizure disorder partially controlled by meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Make sure small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral hemorrhage infantile</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>Diazepam - seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs - mat table - transfer belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair - staff assist during walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Recliner - staff offer space if over stimulated</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of slapping peers or staff</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Participating in activities, meal times, socializing, family</u>
Important for:	<u>Independent, bearing weight, dietary order, Seizure protocol</u>
Likes:	<u>being part of the group, female staff, music therapy</u>
Dislikes:	<u>Waiting for his food</u>

Staff: Jill
 Date: 8-22



Service Recipient: Matt Morelan
 Service Span: July 22 - July 23

Outcomes:

Outcome #1	2x week Matt will press mac switch to indicate he wants to walk to visit another program room
Outcome #2:	Daily matt will participate in an activity at the table for 3 minutes or longer
Communication Style:	facial expressions, vocalization, gestures
Learning Style:	Kinesthetic, repetition/routine

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>several allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder partially controlled by meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hx of choking monitor. make sure small bites.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>intracerebral hemorrhage infantile, right eye, encephalitis, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diapram - seizure pan</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable briefs, transfer belt, lays on mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, unstable while walking, difficulty seeing objects in path</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 to 1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, overstimulation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hx of reaching for or slapping peers or staff</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>na</u>

Important to: participate in activity, meet friends, socializing, family
 Important for: independence, seizure protocol, bearing weight, dietary order
 Likes: part of group, music therapy, rec lines, walks, lunch
 Dislikes: waiting for food, not being included, when ATTO's are uncomfortable, not being

Staff: Kyla



Service Recipient: Matth

Date: _____

Service Span: _____

Outcomes:

Outcome #1
3x press MAC switch walk or visit another program area

Outcome #2:
Daily participate in activity for 3 min

Communication Style:
Facial, Gestures, vocalization

Learning Style:
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>seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder helped by meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>thin liquids, bite size pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>interaural hemorrhage infantile</u> <u>Right sided hemiparesis, Constipation, Folliculitis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diazepam - seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, transfer belt, mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Help while walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 staff propel wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, overstimulated</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of reaching/slapping staff</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

DNR/DNI: No Yes

Important to:
meal time, family

Important for:
independent, diet

Likes:
being part of group, music therapy

Dislikes:
waiting for food, being in wheelchair too long

Staff: Morgan B.
 Date: 8/9/2022



Service Recipient: Matthew M.
 Service Span: _____

Outcomes:

Outcome #1: 2nd week hit MFC switch to indicate walk
 Summarize Steps:

Outcome #2: participate in activity for 3 min or longer
 Summarize Steps:

Communication Style:
facial expressions, vocalizations, gestures

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>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled w/meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history, small bites, monitored</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>intracerebral hemorrhage, right side hemiparesis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Constipation, folliculitis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, unsteady walking, difficulty seeing objects</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1, staff assist</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, overstimulation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>reach/slap peers/staff, move everyone away</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to:
participating in activities, mealtime, socializing

Important for:
being independent, seizure protocol, bearing weight

Likes:
female staff, music therapy,

Dislikes:
waiting, not being included

Staff: Deanne Lepley
 Date: 8-9-22



Service Recipient: Matt Moreton
 Service Span: Aug 2022 - Aug 2023

Outcomes:

Outcome #1: <u>2x wk matt will press MAC switch to indicate he would like to walk to</u> Summarize Steps: <u>visit another program area</u>
Outcome #2: <u>Daily matt will participate in Activity 3 mins or longer</u> Summarize Steps:
Communication Style: <u>Facial expressions, vocalizations, + gestures</u>
Learning Style: <u>kinesthetic + reg (routine)</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>staff comm. concerns to matt's residence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder parts controlled by med monitor for seizure activity</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking</u> <u>Staff monitor during mealtime + notice sup Matt takes ^{small} bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces / thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral hemorrhage in fetal life</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>R (side) hemiparesis, constipation, folliculitis</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>oxcarbazepine seizure pre</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable knife, tstr belt, lawn or mat table</u> <u>Staff assist matt to mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual WC</u> maybe <u>insteady ankle walking</u> <u>may have difficulty seeing objects in path</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community - staff propel WC</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, over stimulation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of reaching for or slapping</u> <u>press + stuff - Staff w/ remove items selves or peers from room</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>participating in activities - mealtime, socialization</u> <u>w/ staff + peers, his family</u>
Important for:	<u>being independent, working w/ caregivers that know how</u> <u>his seizure protocol, hearing assist, going for walks</u>
Likes:	<u>being part of group, working w/ female staff, music therapy</u> <u>having a good lunch, relaxing in room</u>
Dislikes:	<u>being in WC to long, not being included in activities</u>

Staff: Colette Rice
 Date: Aug. 9, 2022



Service Recipient: Matt Morlean
 Service Span: July 22 → July 23

Outcomes:

Outcome #1: 2 weekly press mac switch to visit
 Summarize Steps: other program area

Outcome #2: Daily participate in activity at table
 Summarize Steps:

Communication Style:
repetition, routine

Learning Style:
facial expression

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</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially Controlled</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of choking, small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>brain hemorrhage, constipation</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diazepam, seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, mat table, transfer belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, transfer w/ staff</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment, overstimulation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of reaching or slapping staff</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to: <u>mealtime socializing peers/staff</u>	
Important for: <u>independent, bearing weight</u>	
Likes: <u>female staff, lunch, relax in recliner</u>	
Dislikes: <u>waiting for food. AFO's are uncomfortable</u>	

Staff: Shelly Niwad



Service Recipient: Matt Morelan

Date: 8.9.2022

Service Span: _____

Outcomes:

Outcome #1 2x week matt will press mac switch to go a walk visit another room.

Outcome #2: Daily - he will participate in activity 3 min or longer

Communication Style:
Facial, Vocalization, Gesture
Learning Style:
Kinesthetic, Repetition + routine.

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</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled. Partly monitored Follow protocol.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History - Monitor, Small bites.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces, thin liquids, Staff assist</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>brain hemorrhage, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow protocol Seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, transfer belt, Matt table.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual WC, may be v steady walking, Assist him.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 - Staff propel chair.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impairment, overstimulation, Assist walking.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>reaching or slapping staff -</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

DNR/DNI: No Yes

Important to:
Participating activities, mealtime, family

Important for:
Beings independent, bearing weight

Likes:
part of group, Music therapy, Rediner, walks

Dislikes:
waiting, AFD's uncomfortable, in ^{wheel} chair too long

Staff: Kia Bauch



Service Recipient: Matt Morelan

Date: 8/9/22

Service Span: _____

Outcomes:

Outcome #1 2x weekly, Press a mac switch to walk

Outcome #2: Daily, participate in an activity at the table

Communication Style:

Kinesthetic, repetition/routine

Learning Style:

facial expressions

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</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>partially controlled</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of choking, small bites</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, thin liquids</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>brain hemorrhage, constipation</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diazepam, seizure PRN</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, transfer belt</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, transfer w/staff</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 community</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment, overstimulated</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of reaching/stepping</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>	
Important to: <u>mealtimes, socializing, family</u>		
Important for: <u>independent, bearing weight</u>		
Likes: <u>female staff, music therapy, walks</u>		
Dislikes: <u>waiting, being in his wheelchair for too long</u>		

Staff: Jenny Trimble



Service Recipient: Matt Morelan

Date: 8/19/22

Service Span: 8/2022 - 8/2023

Outcomes:

Outcome #1: <u>2x per week, matt will press a mac switch to indicate</u> Summarize Steps: <u>to walk to a</u> <u>answer program</u> <u>with</u>
Outcome #2: <u>Daily will participate in an activity</u> Summarize Steps:
Communication Style: <u>Vocalizations, facial expressions & gestures</u>
Learning Style: <u>Kinesthetic & 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>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled, follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking</u> <u>Staff monitor during meal time</u> <u>make sure he is feeding</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized & thin liquids</u> <u>Staff assist</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral, hemorrhage, constipation</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diazepam CRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable Briefs & lays on mat</u> <u>table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual will maybe unsteady</u> <u>walking staff assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 & staff propel</u> <u>stroller</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment & overstimulated</u> <u>staff offer items up close</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of slapping peers & staff</u> <u>Staff removes themselves or peers</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u> <u>NA</u>
Important to:	<u>activities, meal time, socializing peers</u> <u>family</u>
Important for:	<u>Independent, caregivers that know him well</u> <u>suicide protocol, bearing weight & dietary</u>
Likes:	<u>group, female staff lunch, relax in recliner</u>
Dislikes:	<u>waiting for food</u> <u>afo's uncomfortable</u>

Staff: Alice Cox
 Date: 8/9/22



Service Recipient: Matt M
 Service Span: _____

Outcomes:

Outcome #1 2x a week gross Big Mac Switch to Go for a walk

Outcome #2: Daily Matt will participate in an activity @ the table

Communication Style: Facial Expressions Vocalization + Gestures

Learning Style: Kinesthetic Routine + 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>Ⓟ</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled by meds Monitor + Communicate</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Thin liquids Assist + Monitor</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Size Pieces then Liquid</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bite Size of Heri Paras</u> , DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Intracerebral Hemorrhage, Constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow Seizure Protocol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mat table, transfer belt, Brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual Wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Secure + Protect</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual Impairment overstimulated</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of Pecking + Hitting + Grinding + Biting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u> <u>Remove from him</u> <u>Parent</u>
Important to:	<u>Deities, Family, Peers, Family</u>
Important for:	<u>Dietary Order, Bearing Weight, Seizure Protocol</u>
Likes:	<u>Family, Family, Staff, Lunch, Peckers, Music</u>
Dislikes:	<u>Waiting for food Uncomfortable AFO's Therapy</u>

Staff: ERIN SANDSTROM
 Date: 8.9.2022



Service Recipient: MATT MORELAN
 Service Span: JULY 2022 - JULY 2023

Outcomes:

Outcome #1	2x WEEK, MATT WILL PRESS A MAC SWITCH TO INDICATE HE WOULD LIKE TO WALK TO VISIT.
Outcome #2:	DAILY, MATT WILL PARTICIPATE IN AN ACTIVITY FOR 3 MINS.
Communication Style:	FAZIAL EXPRESSIONS, VIBRATIONS, GESTURES
Learning Style:	KINESTHETIC, REPETITION/ROUTINE

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	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: SEIZURE DISORDER, ^{PARTIALLY} CONTROLLED BY MEDS	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: HISTORY OF CHOKING - SMALL BITES	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BITE SIZE PIECES, THIN LIQUIDS	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: INTIA CERIBAL HEMORRHAGE INFANTUE, HEMIPARESIS CONSTIPATION	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DIAZEPAM - SEIZURE PRN	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DISPOSABLE BRIEF, TRANSFER BELT, LAYS ON MAT TABLE	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MANUAL W/C, UNSTEADY WHEN WALKING, GAIT/POSEY BELT, WHILE WALKING	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 IN COMMUNITY, STAFF PROPUL W/C	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: VISION IMPAIRMENT, OVERSTIMULATION, OFFER SPACE OR ^{RECLINER}	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: HISTORY OF REACTING FOR SLAPPING PEERS/STAFF.	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to:	ACTIVITIES, MEALTIME, SOCIALIZING W/ STAFF & PEERS	
Important for:	INDEPENDENT, SEIZURE PROTOCOL, DIETARY ORDER	
Likes:	PART OF GROUP, FEMALE STAFF, WALKS, RECLINER, M.T.	
Dislikes:	WAITING FOR FOOD NOT INCLUDED, AFD'S UNCOMFORTABLE BEING IN W/C TO LONG	

Staff: SOM
 Date: 8/9/22



Service Recipient: Max M
 Service Span: _____

Outcomes:

Outcome #1: 2x a week matt press MAC switch to visit room
 Summarize Steps: _____

Outcome #2: Daily matt will participate in an activity
 Summarize Steps: _____

Communication Style:
facial exp, gestured

Learning Style:
by kines thetic, 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>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, thin liquids</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled</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>Intercerebral hemorrhage Infantile, Constipation, folliculitis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure prn</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposition brief, transfer belt, mat table</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>1:2, Staff proper his wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision, overstimulation</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of Slapping Staff: Arms length away when Matt is Ajarred</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
activities, meals, family

Important for:
Independent, seizure protocol

Likes:
being w group, funny staff, walk

Dislikes:
warmth, uncomfortable AFO's, being in chair too long

Staff: Betsy
 Date: 8/16/2022



Service Recipient: Matt, M.
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: 2x per week, Matt will press MAC switch to indicate he would like to walk to visit another program area
 Summarize Steps:

Outcome #2: Daily, participate in an activity at table for 3 mins or longer
 Summarize Steps:

Communication Style:
facial expressions, vocalizations, gestures

Learning Style:
Kinesthetic, repetition/routine

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 Communicate concerns to residence</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder partially controlled by medication follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking Monitor during lunch & make sure Matt takes small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral hemorrhage DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes infantile, Right sided hemiparesis, Const. pattern, Folliculitis Concerns communicated to residence</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diazepam - Seizure PRN follow protocol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, transfer belt, mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair, may be unsteady while walking, difficulty seeing objects in his path, STAFF Assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 staff assisted</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment, overstimulation offer items up close. Remove him from his space or offer recliner</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of reaching for or stepping staff or peers Arms reach when agitated</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
Participating in activities, meal time, socializing, family

Important for:
Independence, people who know him well, seizure protocol, bearing weight, dietary order

Likes:
Being part of a group, female staff, music-therapy, good lunch, relaxing in a recliner, walks

Dislikes:
Waiting for his food, not being included, AFD's uncomfortable, in wheelchair too long

Staff: Kathy Perry
 Date: 8-22-22



Service Recipient: Matt Morelean
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: <u>2 x wk Matt will press MIE switch to indicate he would like to walk to visit another program area</u> Summarize Steps: <u>like to walk to visit another program area</u>
Outcome #2: <u>Daily will participate in an act. at the table for 3 min. or longer.</u> Summarize Steps: <u>or longer.</u>
Communication Style: <u>facial expressions, vocalizations, gestures</u>
Learning Style: <u>kinesthetic, repetition/routine</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</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>partially controlled & meds monitor - follow seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor during mealtime to make sure he is taking small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, thin liquids, assist to ensure he has correct diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Intracerebral hemorrhage, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, infantile, R sided hemiparesis, constipation, folliculitis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN diazepam</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, transfer belt, lay on mat table assist to mat table. Assist in wearing clean, dry clothing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual w/c, may be unsteady walking may have difficulty seeing objects in path. Staff propel w/c assist to get belt while walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in common. Staff propel w/c</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff assist & walking - offer items up close if overstimulated remove from space & offer recliner</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Itx of reaching for or slapping peers / Staff Staff remove themselves or peers within arms reach when agitated</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>participating in act, mealtime, socializing, family</u>
Important for:	<u>being indep, working & caregivers that know him well seizure protocol, bearing up, his dietary order</u>
Likes:	<u>being part of a group, working & female staff, music therapy having good lunch, relaxing in recliner</u>
Dislikes:	<u>waiting for his food, not being included, when AFO's are uncomfortable, being in w/c too long</u>

Staff: Tomy
 Date: _____



Service Recipient: Matt M.
 Service Span: _____

Outcomes:

Outcome #1: 2x weekly
 Summarize Steps: Matt will press switch to walk or visit

Outcome #2: Daily
 Summarize Steps: Participate in activity for 3 min

Communication Style: facial vocal Routines

Learning Style: Repetition Routine

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

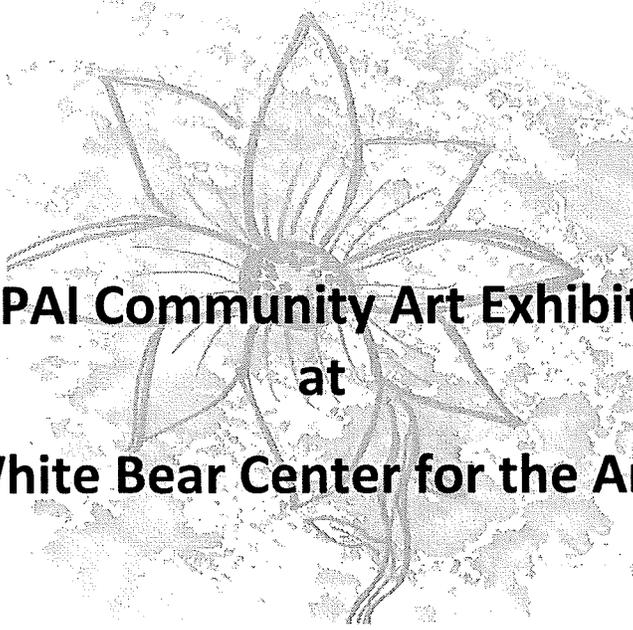
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasoned</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure Partially controlled by meds</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of Choking</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces thin liquids</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>infantile Right Side hemiparesis</u> <u>Constipation</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>folliculitis</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diazepam PRN</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief transfer belt lays on mat table</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual Chair</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 Community Propel mat's Chair</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VISION IMPAIRED OVERSTIMULATION</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of Slapping or Pushing for peers</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Activities Meal time Socialization family

Important for: Independent Seizure protocol Staff

Likes: female staff. groups music therapy lunch Relaxation Recliner

Dislikes: waiting for food excluded from group AFO



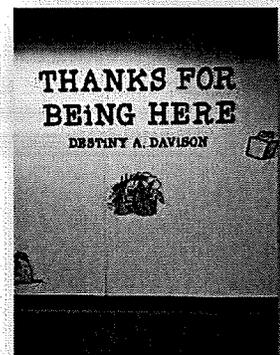
PAI Community Art Exhibit at White Bear Center for the Arts

Project Overview: In alignment with PAI's Creative Arts Initiatives, the organization will work in collaboration with White Bear Center for the Arts for an inclusive community-based art exhibit November 7th, 2022, through January 20th, 2023. Art exhibited will be a combination of original pieces from PAI individuals and groups, as well as pieces created through Teaching Arts Classes. The Opening Reception for the exhibit will be Wednesday November 9th from 10 a.m. to 12:00 p.m. at WBCA.

Space Available to PAI: The community art exhibit will be in the Studio Hall space which covers four walls/spaces within the WBCA. The areas of focus will be the space through the gift shop which is designated for community-based artists.

Wall 1: Show Theme Title by PAI. The initial wall, see photo right, will hold the name of the exhibit as established by PAI. This wall will also include created pieces.

- Potential Exhibit Themes:
 - Art by All
 - Ability Emergence
 - Celebrating Differences

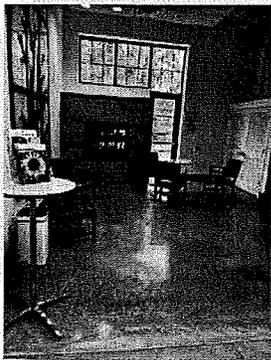
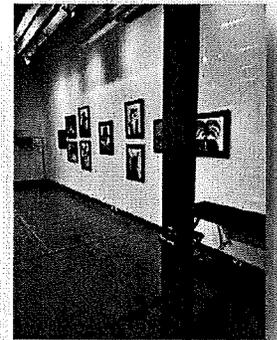


Wall 2: Teaching Artists Work. After the initial wall and introduction to the PAI show, guests turn a corner to a wall which will hold art created by the individuals at PAI during adaptive art classes with Sylvia a teaching artist with WBCA. *See class schedule for each program site.*



There is a TV fixed on the wall which could be used to showcase a video or photo stream of PAI artists. This TV can also be removed should PAI choose not to use it.

Wall 3: Classroom Wall for Site/Individual Art: The classroom along “Wall 2” is available to PAI individuals to showcase individual and site-based art pieces. This classroom may also host an adaptive art class and the opening party of the PAI Exhibit.



Wall 4: Additional Space for individual/Site Based Work. This space may hold pieces on the wall in addition to easels or pedestals for other created pieces done by PAI participants. PAI does not need to use this space if the initial three walls are sufficient; however, it is available.

Teaching Artist Class with Sylvia Schedule: Sylvia has plans for collage, print and abstract painting classes and will vary the projects between locations to expose individuals to different activities. Each artist will need to complete an artist information sheet, this document is attached to each scheduled class Outlook notice.

Parkway: August 4 and Sept 1. Thursdays, at 9:30 to 10:30am

Linden: August 8 and August 29. Mondays at 1:00 pm

Oakdale: August 17, Wednesday, at 1:00 pm and September 7th, Wednesday, at 1:00 p.m.

Commerce: August 2, Tuesday at 11:35 am and August 24, Wednesday, at 11:35 am

Timeline:

7/11/22: Gallery blurb due to WBCA for upcoming newsletter. The catalog description would ideally include a blurb about the work PAI does, as well as a description of the exhibit. The description can be general and leave space for the show to develop over the next few months.

- **SB Completed**

Week of 7/18/2022: Site representative from each program is established

- **Parkway:** Nikki Kereluk nkereluk@paimn.org
- **Commerce:** Anne E.
- **Linden:** Kia
- **Oakdale:** Amanda

July-August 2022: Teaching Artist Classes hosted at sites.

Week of 8/1/2022: Community Art Exhibit is rolled out at all four PAI programs

November 1, 2022: Artwork due to WBCA Gallery

November 7, 2022: PAI Gallery Opens in the Studio Hall

November 9th, 2022: Opening Reception 10:00 a.m. to 12:00 p.m.

January 20th, 2023: Art Exhibit is closes

Other Information:

- **Framing/Hanging.** All art pieces featured need to be framed or able to hang on the wall. WBCA has two gallery support persons who could potentially assist PAI with techniques for doing this: however, the brunt of the framing would fall to PAI.
 - Commercial frames are acceptable.
 - Canvas can have a wire glued to the back for hanging
- **Artist Information.** Each art piece displayed will be labeled with the artist's name, as is indicated by the guardian on the release of information. In addition, each piece will indicate a note from or about the author such as how they participated, how or why they made the piece, etc.
- **Budget:**
 - Teaching Artists Classes: these classes were budgeted for in 2022.
 - Framing and Supplies: frames needed for the work would need to be purchased. This could be completed in bulk orders through [Amazon](https://www.amazon.com)
- **Sales at WBCA:** The center takes a percentage of all items sold (30% Commission) within the gallery or in the gift shop (this would be an additional opportunity for PAI artists to

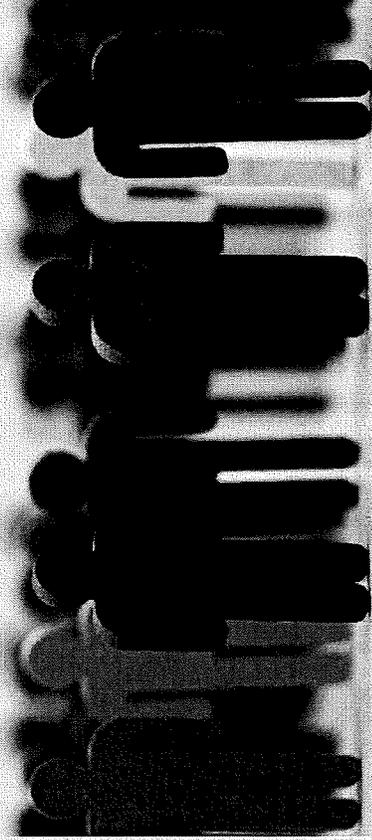
sell their work). They communicated this could be flexible considering the individuals created at PAI.

WBCA Contacts:

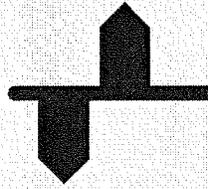
- Karna Holub, Gallery Coordinator WBCA
 - kholub@whitebeararts.org
- Karen Parkman, Outreach Coordinator WBCA
 - kparkman@whitebeararts.org

PAI-Linden Team Meeting

8/9/2022



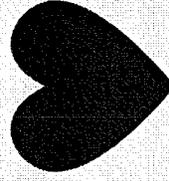
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

Welcome

Site-Specific Updates

Agency-Wide Updates

Policy and Procedure Review

Employee Handbook Review

Competency Reviews

Semi-Annual and CSSP Reviews

Wrap Up



Site-Specific Updates

Friday, August 26th- Summer Bash at Linden

- Carnival themed
- Petting zoo
- Some carnival decorations have been ordered. Please think of an activity that your room can host.
- All other sites plan to do their outings here to participate in activities



Competency Reviews

Matt Morelan July 22-July 23

Outcome #1: Two times per week, Matt will press a MAC switch to indicate he would like to walk to visit another program area	
Outcome #2: Daily, Matt will participate in an activity at the table for 3 minutes or longer	
Communication Style: facial expressions, vocalizations, gestures	
Learning Style: kinesthetic and repetition/routine	
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 -Staff communicate concerns to Matt's residence
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder partially controlled by medication -Monitor for seizure activity. Follow his protocol in the event of a seizure.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking -Staff monitor during mealtime and make sure Matt is taking small bites

Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, thin liquids -Staff assist in ensuring that his meals are in accordance with his dietary needs
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Intracerebral hemorrhage infantile, Right sided hemiparesis, Constipation, Folliculitis -Staff monitor Matt and communicate concerns to Matt's team 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: Diazepam- Seizure PRN -Staff follow seizure protocol
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Disposable brief, transfer belt, lays on mat table -Staff assist Matt to the mat table. Assist Matt in wearing clean and dry clothing
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair. May be unsteady while walking. May have difficulty seeing objects in his path. -Staff propel Matt's wheelchair and assist him with a gait/posey belt while walking.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community. Staff propel Matt's wheelchair in the community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, overstimulation -Staff assist Matt while walking and offer items up close. If Matt is overstimulated, staff will remove him from the space or offer him time in the recliner.



Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: History of reaching for or slapping peers and staff. -Staff will remove themselves or peers within arm's reach when Matt is agitated
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to: Participating in activities, mealtime, socializing with staff and peers, his family	
Important for: being independent, working with caregivers that know him well, his seizure protocol, bearing weight, his dietary order	
Likes: being a part of the group, working with female staff, music therapy, having a good lunch, relaxing in the recliner, going for walks	
Dislikes: waiting for his food, not being included, when his AFO's are uncomfortable, being in his wheelchair for too long	

Agency-Wide Updates

PAI Community Art Exhibit at White Bear Center for the Arts

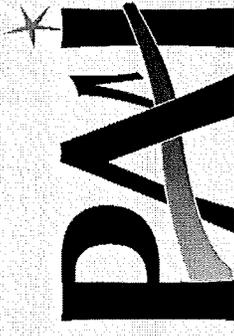
-PAI will work in collaboration with WBCA for an inclusive art exhibit held November 7th, 2022, through January 20th, 2023.

-Sylvia, a WBCA artist, will be at Linden August 8th and August 29th at 1:00pm.

November 1st, 2022: Artwork due to WBCA

November 7th, 2022: PAI gallery opens

November 9th, 2022: Opening reception 10am-12pm

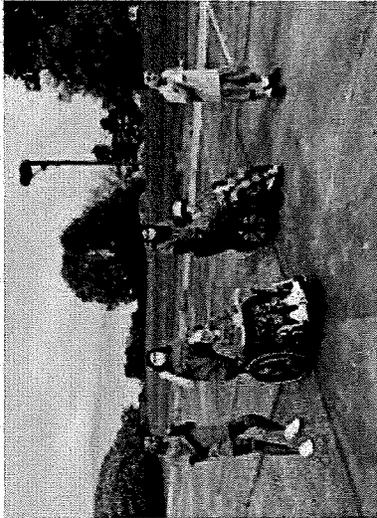


Kelley Skumautz

- Made in the Shade
 - Friday Sep 16th- Kick off @ Linden 10am-12pm
 - Saturday Sep 17th- Main event at Bde Maka Ska 9:30am-12:30pm
-
- Vadnais Heights Heritage Days Parade
 - Sunday August 21st 11am-1:30pm

ANNOUNCING PAI'S SUMMER EVENTS

PLEASE SAVE
THE DATES!



Made in the Shade (MITS)

Kick-off at PAI-Commerce/Linden
Friday, September 16th

10:00 am – noon

Midday break and time when participants and attendees can pick up MITS t-shirts and enjoy music, food & more, too.

Main Event at Bde Maka Ska

Saturday, September 17th

9:30 am – 12:30 pm

Lace up your shoes to roll, walk, or run around the lake at this fun and fully-accessible recreation occasion.



Vadnais Heights Heritage Days Parade

Sunday, August 21st

11:00 am – 1:30 pm

Participants, families, and caregivers are invited to represent PAI along with staff and community leaders, and to be part of the parade with flair and fun.

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?

