In-service Training Log – Parkway

Date: 7/20/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Jess Gunderson		Misc	EMUR demonstration and check off
.5	Kennedy Norwick		Misc	BH, RF competency quizes

Make up Date	Initial	EE ID	Name	Make up Date	Initial	EE ID	Name
	TB		Tyler Bongard		DP		Dan Popp
	CS		Cindi Stucky		RS		Renee Schmidt
	SG		Susan Gaines		NS		Nancy Snyder
	JG		John Gebhardt		KS		Dolly Stein
	AG		Andrea Green		DT		Dave Turner
Q	MH		Monse Hernandez			N/A	Zach Weinmann
	DS		Donna Storm		AW		Anna Wrich
	NK		Nikki Kereluk		KP		Kathy Perry
	DM		Dennis Moua		JS		Joshua Snader
	KA		Kelsey Asklund				

Make Up Date	Initial		Manager/Admin	Other *Attendees*			
			Kmetz, Kevin				
	KN		Norwick, Kennedy				
			Gunderson, Jessica				

Competency Tracking Form

Participant: Brock Hamilton

Annual Service Span: _____

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

Competency Quiz Due for all Staff: _____

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile. _____

*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
	✓	Kelsey Asklund
	✓	Tyler Bongard
	✓	Susan Gaines
	✓	John Gebhardt
	✓	Andrea Green
	✓	Jess Gunderson
	✓	Monserrat Hernandez
	✓	Nikki Kereluk
	✓	Dennis Moua
	✓	Kennedy Norwick
	✓	Dan Popp

Date Completed	Initials	Full Name
	✓	Renee Schmidt
	✓	Nancy Snyder
	✓	Dolly Stein
	✓	Donna Storm
	✓	Cindi Stucky
	✓	Dave Turner
	N/A	Zach Weinmann
	✓	Anna Wrich
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
	✓	

Date Uploaded to LMS: _____

Outcomes:

Outcome #1:	visit peers / another program area
Outcome #2:	using choice cards to make a decision
Communication Style:	non verbal - deaf - vocalization
Learning Style:	repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: history of seizures east/in 1994 controlled w/meds
Choking: ☒ No ☐ Yes	Describe Supports: nickle size pieces - verbal prompts Gestural
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: partial paralysis N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff trained to give meds
Personal Cares: ☐ No ☒ Yes	Describe Supports: full assistance in bathrm
Mobility/Fall Risk: ☐ No ☐ Yes —	Describe Supports: staff should walk by him
Community Support: ☐ No ☐ Yes —	Describe Supports: staff model + demonstrate
Sensory Support: ☐ No ☐ Yes —	List & Describe Supports: deaf - face him speak slowly
Behavior Support: ☐ No ☐ Yes —	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No supervised time

Important to: be around peers, observe others invited to join activity

Important for: makes own choices, supervised routines

Likes: peers, sand, playdough, observing others, virtual walks

Dislikes: dislikes asked thing to do or if ppl are gone

Lead Review Completed: _____

Staff: Kelsey Asklund
Date: 7-20-22

PAI

Service Recipient: Brock Hamilton
Service Span: 06/22 - 06/23

Outcomes:

Outcome #1: Brock will visit peers / another program area

Outcome #2: Using his Choice Cards to make a Choice or decision

Communication Style: Non Verbal, Deaf, Follow Some Signs, Vocalizations

Learning Style: Observation, Repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: History of Seizures. last in 1994 Controlled with medications
Choking: ☒ No ☐ Yes	Describe Supports: Food should be in nickle size. Verbal prompt to slow down and gestural prompts, touch hand to have slow down
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA (partial paralysis) DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained in med admin
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assitance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff walk by him make sure nothing in way, Point obstacles
Community Support: ☐ No ☐ Yes	Describe Supports: Staff model ped/traffic Safety, Redirect if staring at someone
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: When Communicating face directly Speak slow + Clear
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No

Important to: Be around peers, observe others, invited to join activities

Important for: making own choices, closely supervised, Routines, time to transition

Likes: Being around peers, Soft manipultives (sand, play doh) Ipad, Virtual walk

Dislikes: Being asked to do things he doesnt he like to do

Lead Review Completed: _____

Staff: Daniel P.

Date: 7/20/22

PAI

Service Recipient: Brock H.

Service Span: 6/22 - 6/23

Outcomes:

Outcome #1: Visit peers/ another program area

Outcome #2: Using choice cards

Communication Style: nonverbal - Deaf

Learning Style: Observation and repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies
Seizures: ☒ No ☐ Yes	Describe Supports: History of Seizures. Last one was 1994
Choking: ☒ No ☐ Yes	Describe Supports: Nickel Size pieces. Verbal prompts to slow down
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes NA
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff give meds daily
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff observe that there aren't obstacles
Community Support: ☒ No ☐ Yes	Describe Supports: Staff model pedestrian safety. Redirect if staring
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Face Brock directly
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Doesn't have unsupervised time

Important to:
time with peers. Observing others. Being Invited

Important for:
Making choices, closely supervised, has routines

Likes:
Being around peers. Soft manipulatives, Virtual walks

Dislikes:
Being asked to do things he doesn't want to do

Lead Review Completed: _____

Staff: James Sokic

Date: 7/20/22

PAI

Service Recipient: Brock Hamilton

Service Span: June 22 - June 2023

Outcomes:

Outcome #1: Brock will visit peers / other program room.

Outcome #2: Using his Choice Cards.

Communication Style: non-verbal / deaf / some signs.

Learning Style: Veputation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: history (1994 - last one) Con. by med.
Choking: ☒ No ☐ Yes	Describe Supports: Nickel size piece. / Slow down if eating to fast.
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: help putting Jacket DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained give meds.
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assi.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff shoud be with him.
Community Support: ☒ No ☐ Yes	Describe Supports: grab hand / arm. doesn't look Staff will model. redirect if he stars. personal.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: face him (face to face)
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: Stubornness.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: doesn't get any.

Important to: be around his peers. Watch others. Invated to join a grop.

Important for: own Choices. Closed watch. time to transition.

Likes: being around peers, soft song play dough. ipad. people walking at malls.

Dislikes: to do anything he doesn't like it.

Lead Review Completed: _____

Outcomes:

Outcome #1:	Visit Peers / other Program
Outcome #2:	using choice cards
Communication Style:	non-verbal, Deaf, vocalization
Learning Style:	Observation, Repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: History → 1994 – Controlled with meds
Choking: ☒ No ☐ Yes	Describe Supports: nickle sized bites – verbal prompt "slow down"
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A – Partial paralysis DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Trained Staff give meds
Personal Cares: ☐ No ☒ Yes	Describe Supports: Full bathroom assistance
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff walk by him – point to things
Community Support: ☐ No ☐ Yes	Describe Supports: Pedestrian safety – Redirect – "Stop"
Sensory Support: ☐ No ☒ Yes	List & Describe Supports: Speak slow – make eye contact
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no

Important to:	Around Peers, observe, included
Important for:	choices, Supported, Routines
Likes:	Peers, manipulatives, iPad, virtual walks
Dislikes:	Asked things

Lead Review Completed: _____

Staff: John Gebhardt

Date: 7/20/22

PAI

Service Recipient: Brock Hamilton

Service Span: June 22 - June 23

Outcomes:

Outcome #1: Brock will visit peers in another area

Outcome #2: Will make his own choice or decision

Communication Style: non verbal / Deaf, Uses simple ASL & Vocalaizations.

Learning Style: Observation + repitition

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

Allergies: ☒ No ☐ Yes	**List & Describe Supports:** seasonal allergies
Seizures: ☒ No ☐ Yes	**Describe Supports:** - Medication Controlled. Hx of Seizures. None since 1994.
Choking: ☒ No ☐ Yes	**Describe Supports:** Food in Nickel sizes. Eat Slowly Prompts
Specialized Diet: ☐ No ☐ Yes NA	**Describe Supports:** N/A
Chronic Medical Conditions: NA ☐ No ☐ Yes	**List & Describe Supports:** N/A (Partial paraligis on left side DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	**Describe Supports:** Staff give Meds Daily
Personal Cares: ☒ No ☐ Yes	**Describe Supports:** Needs Full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** Staff walk with him. Assist as Needed.
Community Support: ☒ No ☐ Yes	**Describe Supports:** Redirect when necessary. Staff will demonstrate Community Safety
Sensory Support: ☒ No ☐ Yes	**List & Describe Supports:** Speak slowly and clearly & loud when talking to him
Behavior Support: ☐ No ☐ Yes NA	**List & Describe Supports:** N/A
Unsupervised Time: ☒ No ☐ Yes	**Describe Supports:** No Unsupervised time.

Important to: Observe others, join activities

Important for: Making own choices, being supervised, His Routines

Likes: His peers. Soft sand or plato. I Pad. Virtual Walks

Dislikes: Being asked to do things that he does not - want to do.

Lead Review Completed: _____

Staff: _(signature)_   **PAI**   Service Recipient: Brock Hamilton
Date: 7-20-22   Service Span: 6-22 / 6-23

Outcomes:

Outcome #1:
will visit peers / another program area

Outcome #2:
using his choice cards to make a choice
or a decision

Communication Style:
Non-verbal, deaf, some simple signs, vocalizations

Learning Style:
observation & repetition

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

Allergies: ☑No ☐Yes	List & Describe Supports: Seasonal
Seizures: ☑No ☐Yes	Describe Supports: history of seizures / last in 1994, controlled w/ meds
Choking: ☑No ☐Yes	Describe Supports: Nickle size pieces, touch prompt hand, verbal & gesture prompts to slow down
Specialized Diet: NA ☐No ☐Yes	Describe Supports:
Chronic Medical Conditions: NA ☐No ☐Yes	List & Describe Supports: DNR/DNI: ☑No ☐Yes
Medication at PAI: ☑No ☐Yes	Describe Supports: Staff trained Daily meds
Personal Cares: ☑No ☐Yes	Describe Supports: Full assistance in bathroom
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: Staff walks with him, point to obstacles
Community Support: ☑No ☐Yes	Describe Supports: Staff model & Demonstrate, redirect if straying
Sensory Support: ☑No ☐Yes	List & Describe Supports: Face him when communicating.
Behavior Support: ☑No ☐Yes	List & Describe Supports:
Unsupervised Time: ☑No ☐Yes	Describe Supports: No unsupervised time

Important to:
be by peers, observe others, invited to join activities

Important for:
Making choices, closely supervised, routines, transition time

Likes:
peers, sand, play doh,

Dislikes:
asked to do things he doesn't want to do

Lead Review Completed: _____

Staff: Renee Schmott

Date: 7/20/22

PAI

Service Recipient: Brock Hamilton

Service Span: June 22-June 23

Outcomes:

Outcome #1: Brock will visit peers / another program area

Summarize Steps:

Outcome #2: Using choice boards make a choice or distraction

Summarize Steps:

Communication Style: non-verbal

Learning Style: Some Signs (stop stand walk) reputation/observation

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

Allergies: ☑ No ☐ Yes	List & Describe Supports:
Seizures: ☑ No ☐ Yes	Describe Supports: History of seizures 1994-controlled with med
Choking: ☐ No ☐ Yes	Describe Supports: food nickel size pieces gesture prompt to slow down
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff train in medication give
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full assistance
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Walk by him Point to obsticals and assist
Community Support: ☐ No ☐ Yes	Describe Supports: Model & demostrate Ped safety redirect if staring in peoples space
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Face him directly Speak soft & slow
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No Unsupervised time

Important to: around peers, observe others invited to activities

Important for: make choices, closely supervised, routens time to transition

Likes: peers sand & playdoh observing others iPad visual walks

Dislikes: ask to do thing he does like

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/20/2022

PAI

Service Recipient: Brock Hamilton
Service Span: 6/22 + 6/23

Outcomes:

Outcome #1:	Will visit peers/another Program area.

Outcome #2:	Use choice cards to make a decision.

Communication Style:
non-verbal. few signs. vocalizations.

Learning Style:
Observation, Repitition.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal.		
Seizures: ☒ No ☐ Yes	Describe Supports: History – Last in 1994, controlled by meds.		
Choking: ☒ No ☐ Yes	Describe Supports: Nickle size pieces. Verbal Prompts to slow. touch Prompts to slow down		
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA		
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Partial Paralysis Ⓡ side. N/A	DNR/DNI: ☒ No ☐ Yes	
Medication at PAI: ☒ No ☐ Yes	Describe Supports: trained staff Pass meds.		
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance to change brief/liner		
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: walk w/ him. Point to obstacles, Lend hand.		
Community Support: ☒ No ☐ Yes	Describe Supports: redirect w/ sign "stop" redirect if staring model Ped/traffic Safety. at People.		
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Speak Slowly and clearly. deaf. face him when Speaking.		
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA		
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none		

Important to:	peers. observing. invited to join activities.

Important for:	Choices. Supervision. routine. time to transition.

Likes:	peers. manipulatives. observing. iPad. virtual walks.

Dislikes:	asked to do things. Absent peers/staff.

Lead Review Completed: _____

Staff: Nikki Kereluk

Date: 7/20/22

PAI

Service Recipient: Brock Hamilton

Service Span: 6/22 - 6/23

Outcomes:

Outcome #1: Will visit ≠ peers/another program area.

Outcome #2: choice card → make a choice/decision

Communication Style: nonverbal, vocalizations

Learning Style: observe/repeat

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

Category		List & Describe Supports
Allergies: ☒ No ☐ Yes		Seasonal (no supports)
Seizures: ☒ No ☐ Yes	Describe Supports:	(history) 1994 last one. controlled w/ meds
Choking: ☒ No ☐ Yes	Describe Supports:	nickle size pieces. Verbal prompt "slow down" (gestural)
Specialized Diet: ☐ No ☐ Yes	Describe Supports:	N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports:	N/A paralysis on left side. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports:	trained staff give meds daily
Personal Cares: ☒ No ☐ Yes	Describe Supports:	full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:	walk by/assist. point out obstacles
Community Support: ☒ No ☐ Yes	Describe Supports:	supervise. model pedestrian/safety ✗ redirect if staring
Sensory Support: ☒ No ☐ Yes	List & Describe Supports:	deaf → face directly. speak slowly.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:	N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	NONE

Important to: around friends. observe others. invited to join activities

Important for: making choices. closely supervised, routines. transition time, enthusiastic people around.

Likes: peers, soft manipulatives, observing others. ipad

Dislikes: asked to do things he doesn't want, staff gone.

Lead Review Completed: _____

Staff: Kathy Perry

Date: 7-20-22

PAI

Service Recipient: Brock Hamilton

Service Span: 6/22 - 6/23

Outcomes:

Outcome #1: Will meet peers/another program area

Summarize Steps:

Outcome #2: Use choice cards to make choice/decision

Summarize Steps:

Communication Style: non verbal deaf some signs: stop, vocalizations

Learning Style: Observation & repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: Hx of seizures last was 1994 Controlled c̄ meds
Choking: ☒ No ☐ Yes	Describe Supports: nickel sized pieces verbal & gestural prompts to slow down touch prompt hand
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: partial paralysis (L) side DNR/DNI: ☒ No ☐ Yes N/A
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff admin.
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff walk next to him. Point to obstacles + physically assist if needed
Community Support: ☒ No ☐ Yes	Describe Supports: Staff model & demonstrate must supervise if stares at someone. Gesture reminder/sign stop
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Deaf - face directly, speak slowly & clearly
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: be around peers, observe others, invited to join act.

Important for: A choices, closely supervised, routine, time to transition take time to understand him + learn

Likes: peers, soft manipulatives, observing others, IPAD, virtual walks

Dislikes: asked to do things he doesn't want to do, staff being gone

Lead Review Completed: _____

Outcomes:

Outcome #1:
visit peers / another program area

Outcome #2:
use choice card to make a decision

Communication Style:
non verbal

Learning Style:
follow certain signs, vocalizations, observation, repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: seasonal allergies
Seizures: ☑ No ☐ Yes	Describe Supports: history but hasn't had one since 1994 controlled with meds
Choking: ☑ No ☐ Yes	Describe Supports: nickel sized pieces, slow down gesture
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: staff trained in med. admin
Personal Cares: ☑ No ☐ Yes	Describe Supports: ~~~~ full staff assist
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff walk by him, assist as needed
Community Support: ☐ No ☐ Yes	Describe Supports: staff demonstrate community safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: will stare to long at someone / things redirect
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: ~~~~ stubborn
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: observe others, friends, enjoy activities, ~~~~ ~~~~

Important for: family, transitions, ~~~~ to understand

Likes: ~~~~, ~~~~ soft manipulatives, iped VR,

Dislikes: busy ~~~~ to do things by

Outcomes:

Outcome #1:
visit peers/program area

Outcome #2:
using choice cards to make a choice

Communication Style:
non-verbal Def- singsonger vocalization/Grunt

Learning Style:
Repatision observation

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

Category	List & Describe Supports
Allergies: ☒No ☐Yes	Seasonal
Seizures: ☒No ☐Yes	Describe Supports: History 1994
Choking: ☒No ☐Yes	Describe Supports: nickle size pieces guestal verbal promt "slow down" touch hand to slow Down
Specialized Diet: ☐No ☐Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐No ☐Yes	List & Describe Supports: N/A DNR/DNI: ☒No ☐Yes
Medication at PAI: ☒No ☐Yes	Describe Supports:
Personal Cares: ☐No ☐Yes	Describe Supports: Parchel Proalize Left Side full assist in bathroom
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: move trip hazzers - point out things could trip on
Community Support: ☒No ☐Yes	Describe Supports: modle - safty redirect if stares too long "stop"
Sensory Support: ☒No ☐Yes	List & Describe Supports: face him directly slowly
Behavior Support: ☐No ☐Yes	List & Describe Supports: N/A
Unsupervised Time: ☒No ☐Yes	Describe Supports: no

Important to: Be around peers observe others to Join group activitys

Important for: make own choices supervised Routine time to transition

Likes: Being around peers Sand play dou watching others

Dislikes: Being asked to do things he dosent want to.

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 7/20/22

PAI

Service Recipient: Brock Hamilton

Service Span: 6/22 - 6/23

Outcomes:

Outcome #1: Visit peers/another program area

Outcome #2: Use choice cards to make a choice or decision

Communication Style: non-verbal, deaf, simple signs, vocalizations

Learning Style: observation, repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: History of seizures. Last seizure in 1994. Controlled with medications
Choking: ☒ No ☐ Yes	Describe Supports: nickel sized pieces, verbal prompts to slow down and gestural prompts, touch prompts his hand
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained in medication administration give daily med
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff help him avoid obstacles
Community Support: ☒ No ☐ Yes	Describe Supports: Staff model and demonstrate pedestrian safety. Redirect him if he staring at someone. Redirect if he's in personal space.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: deaf - speak slowly, face him
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Being around peers, observing others, included in activities	
Important for: choices, closely supervised, routines, time to transition	
Likes: peers, sensory items, observing others, ipad-virtual walks	
Dislikes: Being asked to do things he doesn't want to do	

Lead Review Completed: _____

Staff: Dave Jun

Date: 7·20·22

PAI

Service Recipient: Block Hamilton

Service Span: June 22 ~ June 23

Outcomes:

Outcome #1: Block will visit peers in another program area.

Outcome #2: Using choice cards to make a decision.

Communication Style:
NON-VERBAL, Follow will sign, Vocalizations

Learning Style:
Observation + Repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☑ No ☐ Yes	Describe Supports: Hx of seizures. Last seizure 1994.)
Choking: ☑ No ☐ Yes	Describe Supports: (Verbal prompts + Gestural) Food should be nickel size pieces. Touch prompt to slow down
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA Partial paralysis left side DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff provides meds daily
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full assistance in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Walk by Block, Guide him, physically assist as needed
Community Support: ☑ No ☐ Yes	Describe Supports: Redirect if staring to long. Gesturally reward him. Staff model + demonstrate pedestrian safety.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Communicate directly facing him, slowly speak.
Behavior Support: ☐ No ☑ Yes	List & Describe Supports:
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Be around peers, Observing others, invited for activities

Important for:
Choices, Closely supervised, Routines, time to transition, staff take time to understand him.

Likes:
Peers, soft manipulative, play doh, IPAD

Dislikes:
To be asked to do things he doesn't want to do.

Lead Review Completed: _____

Staff: Andrea Green
Date: 7/20/22

PAI

Service Recipient: Brock H
Service Span: June 22 - June 23

Outcomes:

Outcome #1:

Brock will visit peers/another room

Outcome #2:

Use Choice cards to make choice or decision

Communication Style:

nonverbal, deaf, follows signs & vocalization

Learning Style:

Follow signs, observation, repitation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: History of seizures last know 1994 controlled by meds
Choking: ☒ No ☐ Yes	Describe Supports: touch prompt Cut into nickel size, verbal & sign prompts to slow down
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained to give meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assitance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: doesn't lock down w/ walken Staff walk by clearing walkway
Community Support: ☒ No ☐ Yes	Describe Supports: Staff model safety (redirect when staring)
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: deaf, face him when speaking
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to:

being around peers, observing others, invited to activities

Important for:

making choices, supervised, routines,

Likes:

peers soft multiputes, observing, Ipad virtual walks

Dislikes:

ask to do things he doesn't want to

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 7/20/22

PAI

Service Recipient: BROCK HAMILTON

Service Span: JUNE '22 - JUNE '23

Outcomes:

Outcome #1: BROCK WILL VISIT HIS PEERS/ANOTHER PROGRAM
Summarize Steps: AREA

Outcome #2: BROCK WILL USE HIS CHOICE CARDS TO MAKE A
Summarize Steps: CHOICE/DECISION THROUGHOUT THE DAY

Communication Style:
BODY LANGUAGE, FACIAL EXPRESSIONS

Learning Style:
OBSERVATION, REPETITION

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SEASONAL ALLERGIES — TAKES MEDS AT HOME
Seizures: ☒ No ☐ Yes	Describe Supports: SEIZURES CONTROLLED BY MEDS TAKEN AT HOME (LAST SEIZURE IN 1994)
Choking: ☒ No ☐ Yes	Describe Supports: CUT FOOD BITE SIZE, REDIRECT TO EAT SLOWLY/CHEW THOROUGHLY IF NEEDED
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NO MED @ PAI
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MAY NOT RESPOND TO OBSTACLES, MAY WALK TOO FAST
Community Support: ☒ No ☐ Yes	Describe Supports: HELP TO FOLLOW COMMUNITY & PEDESTRIAN SAFETY SKILLS
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: HEARING IMPAIRED — COMMUNICATE USING SIGN LANGUAGE/GESTURAL & PHYSICAL PROMPTS
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME

Important to: BEING ABLE TO BE AROUND PEERS & OBSERVE OTHERS, BEING INVITED TO JOIN IN ACTIVITIES, DOING A VARIETY OF ACTIVITIES

Important for: BEING ABLE TO MAKE CHOICES/DECISIONS, BEING CLOSELY SUPERVISED, CLEAR EXPECTATIONS

Likes: OBSERVING OTHERS, ART PROJECTS, GAMES, WALKS, PLAYING INSTRUMENTS

Dislikes: BEING ASKED TO DO THINGS HE DOESN'T WANT TO DO

Lead Review Completed: _____

Outcomes:

Outcome #1: Will visit peers or another program room

Outcome #2: Using his choice cards, will make a choice/decision

Communication Style: non verbal, few signs, vocalizations

Learning Style: observation, repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: history of seizures, last seizure 1994, controlled w/ medication
Choking: ☒ No ☐ Yes	Describe Supports: nickel size pieces, verbal/ gesture prompts to slow down if eating too fast, touch prompt hand
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff that are trained will give
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance in restroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff will walk by him, will point to obstacles + physically assist if needed
Community Support: ☒ No ☐ Yes	Describe Supports: staff model/demonstrate pedestrian safety, redirect if staring for too long, gesture reminders
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: deaf, make sure you're facing him directly, speak slowly
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time

Important to: be around peers, observe others, invited to join activities

Important for: making own choices, closely supervised, routines

Likes: being around peers, sand, playdough, observing others, Ipad-virtual walks

Dislikes: being asked to do things he doesn't want to do

Lead Review Completed: _____