



In-Service Training Log – Linden

Date: 8/16/22

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1	Maddy K			JJ and TF comp quizzes
.25	Maddy K			JC and JD CSSP review
.25	Maddy K			Training requirements

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

Make up Date	Initial	EE ID	Last Name
	SN		Neirad, Shelly
	CR		Rice, Colette
	JS		Sales, Jill
	ES		Sandstrom, Erin
	SS		Stacken, Laura
	DT		Trimble, Jenny
	WJ		Yang, Lisa
	SR		Ranweiler, Sara
8-23-22	KP		Kathy Perry

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

Make up Date	Initial	EE ID	Admin Staff

[Type here]

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Competency Tracking Form Linden Site

Participant: Ted Farrar

Annual Service Span: August 22-August 23

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

Documents Reviewed: Support Plan Addendum, IAPP, SMA, One-Page Profile, Outcomes.

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

Date Completed	Initials	Full Name
	BA	Allport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	A	Cox, Alice
	TH	Hampton, Tony
		Hetchler, Maria
		Hiland, Lindsay
	YJ	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne
	SM	Mafi, Sommer
		McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	SR	Ranweiler, Sara
	CR	Rice, Colette
	J	Sales, Jill
	ES	Sandstrom, Erin
		Shirley, Ashleigh
	LS	Stacken, Laura
		Trimble, Jennifer
	LY	Yang, Lisa
8-23-22	KP	Kathy Perry

Date Uploaded to LMS: 9/14/2022



Competency Tracking Form Linden Site

Participant: Jilli Jaszewski

Annual Service Span: July 22-July 23

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

Documents Reviewed: Support Plan Addendum, 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.

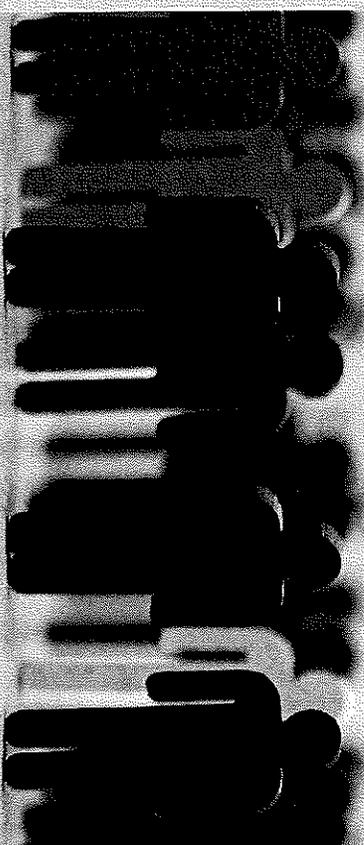
Date Completed	Initials	Full Name
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	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AC	Cox, Alice
	AT	Hampton, Tony
		Hetchler, Maria
		Hiland, Lindsay
	YN	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne
	SM	Mafi, Sommer
		McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	SR	Ranweiler, Sara
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
		Shirley, Ashleigh
	PS	Stacken, Laura
	DT	Trimble, Jennifer
	LY	Yang, Lisa
8-23-22	KA	Kathy Perry

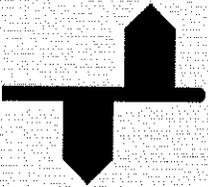
Date Uploaded to LMS: 9/14/2028

PAI-Linden Team Meeting

8.16.2022



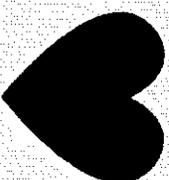
Welcome



Sign In



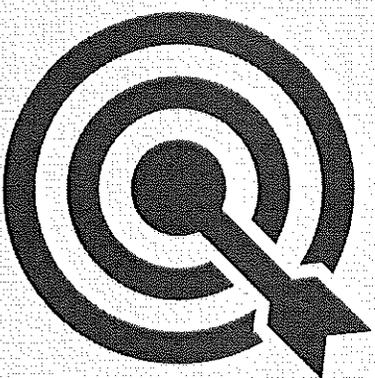
Introductions



A moment of gratitude

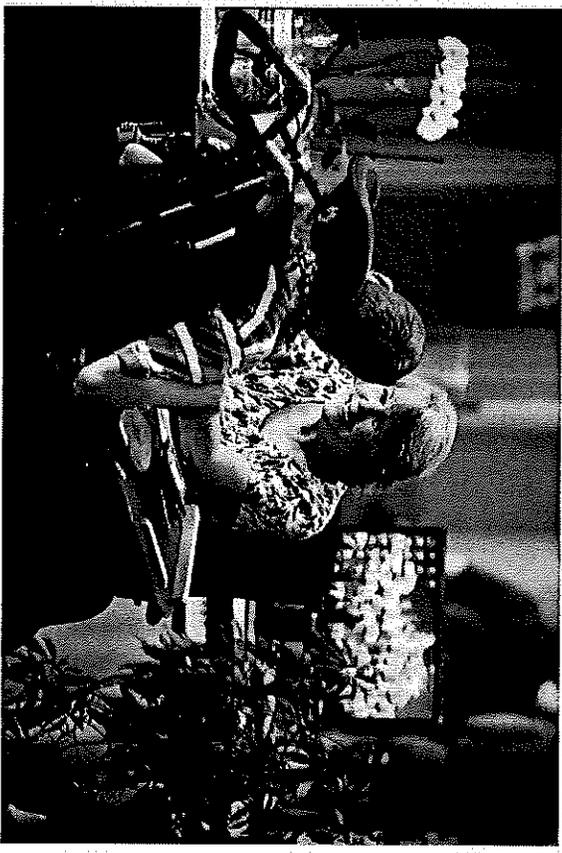
Agenda

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



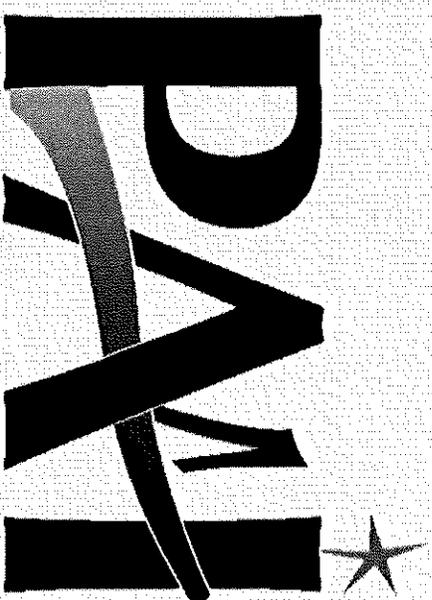
Site-Specific Updates

Jenny's last all staff with us - Thanks for all you've done Jenny!!



Agency-Wide Updates

**Parade-This Sunday,
August 21st!**



Employee Handbook Review

Training

1. Training is scheduled to enhance your work performance and meet licensing standards.
 - a. Direct support employees are required to attend training hours and topics per licensing regulations.
 - b. Employees who do not have direct support responsibilities attend training related to their job duties and responsibilities. The hours vary.
 - c. Training time can be earned by attending on-site training, attending classes, seminars, workshops, by reading pertinent journals, papers, or books, and approved credits can be transferred from other providers. Content should be summarized and attached to an in-service record.
2. Training is scheduled throughout the year.
 - a. If you have an approved "Time Off Request" for a training session, you must complete make-up work if requested.
 - b. Because training is important and may be necessary to meet licensing standards, you may have your "Time Off Request" denied during training sessions.

Competency Reviews

Jill Jaszewski July 22- July 23

Outcome #1: Once a month, Jilli will choose up to two outings she would like to attend for the month in 85% of all trials until her next review.

Outcome #2: A minimum of once per week, Jilli will verbally request to start an activity, with up to two verbal prompts from staff, 75% of all trials until her next review.

Communication Style: Verbal, using pictures

Learning Style: visual, auditory, and repetition or routine

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

Allergies:

No Yes

List & Describe Supports: Seasonal, Cefzil

-Staff assist in managing seasonal allergy symptoms, staff do not administer cefzil

Seizures:

No Yes

Describe Supports: NA

Choking:

No Yes

Describe Supports: Increased risk of choking if meals don't follow dietary order

-Staff monitor Jilli while she eats to ensure that she is not eating too fast



Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, scoop plate, regular spoon, sippy cup -Staff notify residence if meal is not prepared according to her dietary plan
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral Palsy, Spastic Quadriplegia, GERD, chronic constipation -Staff monitor and report any concerns to Jill'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: Baclofen - takes medications orally -Staff receive training on med admin. Staff will follow prescribers' orders
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Transferred using in ceiling track system, brief and liner -Staff complete Jill's personal cares and communicate concerns to her team
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Electric wheelchair-main source of mobility. Increased risk of falling if not secured in properly. Unable to bear weight. -Staff assist with transferring and navigating her environment
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community -Staff demonstrate appropriate pedestrian safety skills



Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to: making choices, being with family, her independence, music, participating in activities	
Important for: maintaining her independence, standing, taking her medications, having staff that know her well, dietary plan	
Likes: Coloring, when people sing, arts and crafts, time with her family, upbeat personalities, going on outings and being complimented	
Dislikes: being told no, being tired or not getting enough rest, not being included, being ignored	

Ted Farrar August 22- August 23

Outcome #1: Daily, Ted will choose a program area to visit and greet his peers in 90% of trials

Outcome #2: Once a month, Ted will choose which community outings he would like to participate in 85% of all trials

Communication Style: Verbal

Learning Style: Auditory, visual, kinesthetic

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

Allergies:

No Yes

List & Describe Supports: NA

Seizures:

No Yes

Describe Supports: NA

Choking:

No Yes

Describe Supports: History of gagging during meals, increased risk of choking due to dysphagia
-Staff assist Ted during mealtime and ensure he is taking small bites.

Specialized Diet:

No Yes

Describe Supports: bite size pieces, thin liquids

-Staff will communicate concerns to Ted's team



Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Osteoporosis, Cerebral Palsy with spastic quadripareisis, Hydrocephalus, Dysphagia, GERD, Vitamin D deficient -Staff monitor for symptoms and report concerns to Ted's residence. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No medications at PAI- Should he be prescribed them, staff will follow prescribers orders
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: brief, mat table, transferred using in ceiling track system or hooyer lift -Staff assist Ted to wear clean and dry clothing and assist him to reposition
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Manual wheelchair- staff propel Ted's wheelchair -Staff assist Ted with transferring
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community, staff demonstrate appropriate pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Visual Impairment -Staff offer items at a close distance and ask Ted if he can see



Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to: Having upbeat people around him, hot sauce, socializing, music, helping when he can, wrestling	
Important for: Being around positive people, his dietary orders, having staff that know him well, making choices	
Likes: 1:1 time with staff, socializing with others, going into the community, hot sauce, listening to music	
Dislikes: being uncomfortable or in pain, having negative people around, when others are sad, bland/dry foods	



CSSP Reviews

John Doyle

Jessica Cook



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?



What will the provider do?

PROVIDER(s) will continue to respectfully work with Jessica to support/encourage, build, and maintain all skills to meet her goals and ensure all her health and safety needs are met. Providers will work with Jessica on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Provider(s) will work with Jessica to stay healthy, going back to PAI (day program) in person soon, and have a newly built ramp that is safe at her residence.

PCA PROVIDER: PCA Provider will continue to work with Jessica to support/encourage and help her with day to day activities in her home and community to help her maximize her independence. Provider will work with Jessica on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. PCA will work with Jessica to encourage her to work on staying healthy, going back to PAI (day program) in person soon, and have a newly built ramp that is safe at her residence.

SUPPORTED SERVICES/RESIDENTIAL PROVIDER: Residential Provider will continue to work with Jessica to build and maintain all skills to meet her goals and to ensure all her health and safety needs are met. Provider will work with Jessica to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Caregivers will work with Jessica to help her work on staying healthy, going back to PAI (day program) in person soon, and have a newly built ramp that is safe at her residence.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider will continue to work with Jessica to build and maintain employment and vocational skills to meet her goals, and to ensure her health and safety needs are met during their scheduled time. Provider will work with Jessica to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Caregivers will work with Jessica to her to work on staying healthy, going back to PAI (day program) in person soon, and have a newly built ramp that is safe at her residence.

What will the provider do?

Staff at the vocational (PAI) and his community residential home (Mains'L) will provide appropriate support to John. Staff will assist John with accomplishing his goals of being able to have daily music time and to go on community outings to new places at least twice a week over the upcoming year. The provider is responsible for health and safety needs are being met 24/7/365. They are mandated reporters and will follow all mandated reporting guidelines. Mains'l and PAI will support by taking John on outings in the community and providing opportunities for John to engage in music. Mains'l will perform skin checks and safety transfer John to reduce bruising. Mains'l will also support in obtaining referrals for physical therapy to improve John's mobility, overall health, and reduce instances of constipation. Mains'l and PAI staff will offer engagement and redirection to John when he is engaging in self injurious behaviors.

Staff: Shelly Nickrad

Date: 8-16-2022



Service Recipient: Jill Jaszewski

Service Span: July 22-23

Outcomes:

Outcome #1 Choose 2 outings to attend 1/month

Outcome #2: verbally request an activity 1x per week

Communication Style:
verbal, pictures

Learning Style:
visual, Auditory, Rep/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, Citril</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small bite, encourage to eat slowly.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size, req spoon, scoop plate, sippy cup.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Spastic Quad, Gerd, Constipation.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow med protocol, Baclofen - orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief-Siner - full support</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wlc, not able to bear weight, staff assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised time</u>

Important to:
choices, family, music,

Important for:
independence, standing, meds, dietary plan

Likes:
coloring, arts/crafts, compliments, verbal personalities.

Dislikes:
Being told no, being ignored, not included.

Staff: Colette Rice

Date: 8.16.22



Service Recipient: Jill J.

Service Span: July 20-23

Outcomes:

Outcome #1 x1 a month choose outing

Outcome #2: x1 week request activity, verbally

Communication Style:
Verbal, pictures

Learning Style:
visual, auditory, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cefzil, Seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>increased risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, scoop plate, sippy cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cp, Spastic, GERD, Constipation</u> Chronic 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>Baclofen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>in ceiling track, briefcase</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair, unable to bear weight</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>Choices, family, music</u>
Important for:	<u>independence standing, dietary plan</u>
Likes:	<u>Coloring, Arts & crafts, outings</u>
Dislikes:	<u>told no, tired, being ignored</u>

Staff: Natalie Johnson
 Date: 8-16-22



Service Recipient: Jilli J
 Service Span: July 22-23

Outcomes:

Outcome #1 once a month, Jilli will choose up to two outings she would like to attend

Outcome #2: a min of once per week, Jilli will verbally request to start an activity with up to two verbal prompts

Communication Style: Verbal, using pictures

Learning Style: visual, auditory, repetition or 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:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff monitored to make sure not eating too fast</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy, Spastic quad,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Genit. chronic constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bocefem</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>In track system - disposable briefs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheel chair - secure properly. Staff navigate</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community. Staff demo appropriate safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>making choices, family, music</u>
Important for:	<u>Independence, staff that know her well</u>
Likes:	<u>Coloring, when people sing, time w/ family,</u>
Dislikes:	<u>Being tired, being told no, ignored, not being included</u>

Staff: Festus
 Date: 8/16/22



Service Recipient: Jilli Tasman
 Service Span: 2/22 - 7/23

Outcomes:

Outcome #1	<u>if/when she can choose up to 2 outcomes to address</u>
Outcome #2:	<u>give a full verbal report to the agency</u>
Communication Style:	<u>verbal using pictures</u>
Learning Style:	<u>visual auditory & repetitive & simple</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 allergy</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>maximal use of body if unable to cough > 100 feet. Still aware for her class also</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help size pieces, start with sections if needs not properly prepared</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, GERD, chronic cough, still non-verbal</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>breath - full hr daily</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Trained using a city, fact state, day</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 + community safety demonstrations</u> <u>appropriate community safety skills</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised Time</u>
Important to:	<u>make choices, by own fully her independence</u>
Important for:	<u>maintain independence, standing, fully her body, body still</u>
Likes:	<u>color up, the people sing, art & crafts, the world</u>
Dislikes:	<u>by told her, not by words, by ignored</u>

Staff: Laura Stacken

Date: 8/16/2022



Service Recipient: Jilli J

Service Span: July 22 - July 23

Outcomes:

Outcome #1	once a month Choose two outings.
Outcome #2:	a min of once a month Jilli will verbally request to start an activity.
Communication Style:	Verbal using pictures
Learning Style:	visual, auditory, repetition or 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, Cefzil
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Increased risk of choking if meals don't follow dietary order.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, Scoop Plate, Reg Spoon, Sippy cup
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 CP, Spastic Quad, GERD, Chronic Constipation
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Baclofen
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: transferred using track system, Brief, liner
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Electric wheelchair- main source of mobility
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO Alone time
Important to:	Making choices, being w/ family, her independence, music, participating in activities
Important for:	Colony, when people sing, Arts & crafts, Family, Up Beat Personalities.
Likes:	maintaining independence, -
Dislikes:	being told no, tired or not getting enough rest

Staff: Sommer
 Date: _____



Service Recipient: Jilly J
 Service Span: _____

Outcomes:

Outcome #1 1x monthly choose activity to attend

Outcome #2: 1x weekly verbally request activity

Communication Style:
Verbal, PIC

Learning Style: Visual, Auditory, Routine, 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, Letz 11</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Increase risk if not following diet orders</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Scoop plate, sippy cups, bite sized</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cp, Spastic, gural Constipation, Quadriplegia</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>Baclofen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Track system, bricks, liner</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Electric wheel chair, at risk if not strapped in</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1, Staff demonstrate appropriate skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Norm</u>

Important to:
Chores, family, music

Important for:
Standing, meds

Likes:
Coloring, singing, cartoons

Dislikes:
told no, being tired, being ignored

Staff: Deanne Lepley
 Date: 8-16-22



Service Recipient: Jill Juszenski
 Service Span: July 2022 - July 2023

Outcomes:

Outcome #1: IV Munka Choose a outing she would like to attend
 Summarize Steps:

Outcome #2: Min. TX per WIL verbally request to start an activity
 Summarize Steps:

Communication Style: Verbal, using pictures

Learning Style: Visual auditory + repetition, multiple

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, Cefzil Seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>increased risk to choking if meals don't follow dietary order - Staff monitor Jill while she eats to ensure not eating too fast</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>like side pieces scoop plate, sippy cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy, Spastic Quadriplegia, Severe chronic 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>Baclofen - orales staff follow prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Use ceiling track system, brief + liner</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric WL, increased risk of falling if not secured properly. unable to hear herself</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>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>
Important to: <u>making choices, family, independence, music</u>	
Important for: <u>independence, standing, taking her medication</u>	
Likes: <u>coloring, when people sing, arts + crafts</u>	
Dislikes: <u>being told no, being tired + not getting enough rest not being included, being ignored</u>	

Staff: Betsy
 Date: 8/16/2022



Service Recipient: Jill
 Service Span: 7/22-7/23

Outcomes:

Outcome #1: 1x month choose 2 outings she would like to attend

Outcome #2: 1x per week request an activity

Communication Style:
Verbal, using pictures

Learning Style:
Visual, auditory, repetition or 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, Cefzil</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>risk of choking if meals aren't followed</u> <u>Monitor not eating to last</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces, scoop plate</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cubal palsy, spastic Quadriplegia, GERD</u> <u>Chronic 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>Baclofen orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Transfer using ceiling track, brief + linen</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Electric wheelchair, unable to</u> <u>been worked</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>

Important to: making choices, family, independence, music, activities

Important for: independence, standing, taking her med, having staff who
knows her well, dietary plan

Likes: coloring, sing + crafts, family, upbeat personality, outings

Dislikes: being told no, tired

2

Staff: Morgan B.

Date: 8/16/22



Service Recipient: Jilli J

Service Span: _____

Outcomes:

Outcome #1
Choose 2 outings to attend

Outcome #2:
1x per week verbally request to start an activity

Communication Style:
verbal, pictures

Learning Style:
visual auditory, 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, ce f zil</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>follow dietary order</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite & size, scoop plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cerebral palsy spastic quadriplegia, GERD</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>baclofen, orally taken</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>in ceiling system, brief/liner</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair, no bearing weight, staff assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1, demonstrate pedestrian skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>making choices, independence, family</u>
Important for:	<u>meds, standing, dietary plan</u>
Likes:	<u>coloring, family time, outing</u>
Dislikes:	<u>being told no, being tired, being ignored</u>

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10/11/99

Staff: ERIN SANDYATKAM
 Date: 8-16-2022



Service Recipient: JILLI JASZEWSKI
 Service Span: JULY 2022 - JULY 2023

Outcomes:

Outcome #1: 1X A MONTH, JILLI WILL CHOOSE UP TO 2 OUTINGS FOR THE MONTH.

Outcome #2: 1X WEEK, JILLI WILL VERBALLY REQUEST TO START ACTIVITY.

Communication Style: VERBAL, USES PICTURES

Learning Style: VISUAL, AUDITORY, 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, CEFZIL</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>FOLLOW DIETARY ORDER. NOT EATING TO FAST</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BITE SIZE PIECES, SCOOP PLATE, SIPPY CUP</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, SPASTIC QUADRIPLEGIA, GERD</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>BACHOFEN - ORALLY</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IN CEILING TRACK SYSTEM. BRIEF/LINER</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ELECTRIC W/C. UNABLE TO BEAR WEIGHT</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 IN COMMUNITY.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to:	<u>CHOICES, FAMILY, INDEPENDENCE, MUSIC</u>
Important for:	<u>INDEPENDENCE, STANDING, MEDS, STAFF THAT KNOW HER</u>
Likes:	<u>COLORING, SINGING, ARTS/CRAFTS, FAMILY</u>
Dislikes:	<u>BEING TOLD NO, TIRED, NOT BEING INCLUDED, BEING IGNORED</u>

Staff: Alice C. Cox
 Date: 8/16/22



Service Recipient: Jilli J
 Service Span: 7-22 | 7-23

Outcomes:

Outcome #1: Once a month Jill will choose up to 2 outings a month

Outcome #2: Once a week Jill will verbally request to start an activity w/ 2 prompts

Communication Style: Verbal + Pictures

Learning Style: Visual, Auditory + 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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dietary Orders, Remind to Slow Down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Size Pieces, Scoop Plate, Spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Spastic Quad, GERD, Constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Backloger Based by trained staff who monitor</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ceiling Track, Brigs + Jaws</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unable to Bear Weight, Belts + Straps</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect + Secure</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Making choices, Family, Independence Music</u>
Important for:	<u>Independence standing, Meals, Familiar Staff, Diet</u>
Likes:	<u>Colors, Cooking, Art + Crafts, Timely hand, Plan</u>
Dislikes:	<u>Being told NO, tired, Not being included</u>

Staff: Sara Ranweiler
 Date: 8-16-22



Service Recipient: Jilli
 Service Span: _____

Outcomes:

Outcome #1 Choose up to 2 outings she would like to attend

Outcome #2: verbally request to start an activity

Communication Style: verbal, using pictures

Learning Style: visual, auditory, and repetition or 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, Cefzil</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Increase risk of choking if don't follow dietary order ensure she is eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, scoop plate, regular spoon, sippy cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy, spastic quadriplegia, GERD, 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>Baclofen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Transferred using in-ceiling track, brief & line</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair, falling if not secured properly</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>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to: <u>making choices, being with family, independence</u>	
Important for: <u>Maintaining independence, standing, taking medications, having staff that know her well.</u>	
Likes: <u>Coloring, when people sing, art</u>	
Dislikes: <u>being told no, being tired and not getting enough rest not being included</u>	

Staff: [Signature]
Date: _____



Service Recipient: Jill J.
Service Span: _____

Outcomes:

Outcome #1: Outings
Summarize Steps: once a month Jill choose 2 outings to attend

Outcome #2: Activity
Summarize Steps: Jill will verbally Request to start an activity

Communication Style: Verbal using Pictures

Learning Style: Visual auditory 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>Seasonal Cefzil</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Increased Risk of Choking Monitor Jill</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size Scoop plate Regular Spoon Sippy Cup</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral Palsy, Spastic Quadriplegia</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Chronic Constipation</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Daclofen</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ceritin Cyst brief & Liner</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 Community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Important to:	<u>Making Choices being with family Independence music activities</u>
Important for:	<u>standing medication</u>
Likes:	<u>Color film Crafts family</u>
Dislikes:	<u>no tired ignored</u>

Staff: Jill Sales

Date: 8-23-22



Service Recipient: Jilli Jaszowski

Service Span: July 22 July 23

Outcomes:

Outcome #1: <u>once monthly Jill will choose up to two outings she would like to attend for the month in 85% trials</u>
Summarize Steps:
Outcome #2: <u>A minimum of once per week, Jill will verbally request to start an activity, with up to two verbal prompts from staff, 75% all trials</u>
Summarize Steps:
Communication Style: <u>verbal, using pictures</u>
Learning Style: <u>visual, auditory, Repetition or 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, Cefzil</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>na</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>increased risk of choking if meals don't follow mandatory order</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, scoop plate, regular spoon, sippy cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, spastic Quadriplegia, GERD, chronic 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>Baclofen taken orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>transferred using in ceiling track system, brief + liner</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Electric wheelchair - main source of mobility; unable to bear weight, risk of falling if not secured in</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>na</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>na</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>making choices being with family, her independence standing, taking meds, diet plan, staff that know her well</u>
Important for:	<u>maintaining her independence, standing, taking meds,</u>
Likes:	<u>coloring when people social, arts & crafts, time with family, outings</u>
Dislikes:	<u>being told no, being lied or not getting enough rest, not being included, being ignored</u>

Staff: Kathy Perry

Date: 8-23-22



Service Recipient: Jilli Jasewski

Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: Once a month will choose 2 outings she would like.
Summarize Steps: to attend

Outcome #2: A minimum of 4 times a week will verbally request to.
Summarize Steps: start an act. with up to 2 verbal prompts

Communication Style: Verbal, using pictures

Learning Style: visual, auditory, 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, cephal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff monitor while eating to ensure she is not eating too fast</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, scoop plate, reg. spoon, sippy cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, spastic quadriplegia</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>GERD, constipation</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Baclofen - meds</u> <u>staff admin.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ceiling track system, brief + linen</u> <u>total assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>elec w/c, lap belt can not bear weight</u> <u>staff assist w/ transfers & navigating environment</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>

Important to: Making choices, family, independence, music, participating in act.

Important for: maintaining independence, standing, taking meds, dietary plan, staff that know her

Likes: coloring, when people sing, arts & crafts, time w/ family, outings being complimented

Dislikes: being told no, being tired or not getting enough rest, not being included, being ignored

Staff: Lisa Yang
 Date: August 31, 2022



Service Recipient: Jill Jaszewski
 Service Span: July 22 - July 23

Outcomes:

Outcome #1	<u>Once a month, choose an outing.</u>
Outcome #2:	<u>1x week, request an activity, verbally</u>
Communication Style:	<u>verbal, pictures</u>
Learning Style:	<u>visual, auditory, repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cefzil, seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Increased risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, spastic Quad, GERD</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>Baclofen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>In-ceiling track, brief + liner</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Electric wheelchair, unable to bear weight</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>making choices, music, family</u>
Important for:	<u>standing, taking her medications</u>
Likes:	<u>coloring, upbeat personalities</u>
Dislikes:	<u>Being tired, being ignored</u>

Staff: Kial Bauch

Date: _____



Service Recipient: Jill Jaszewski

Service Span: July 22 - July 23

Outcomes:

Outcome #1 once a month, choose an outing

Outcome #2: 1x week, request an activity, verbally

Communication Style:
verbal, pictures

Learning Style:
visual, auditory, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cefzil, seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>increased risk of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, spastic Quad, GERD</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Baclofen</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>in-ceiling track, brief + liner</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair, unable to bear weight</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>making choices, music, family</u>
Important for:	<u>standing, taking her medications</u>
Likes:	<u>coloring, upbeat personalities</u>
Dislikes:	<u>being tired, being ignored</u>

Lead Review Completed: MK

Staff: Lisa Yang
 Date: August 31, 2022



Service Recipient: Ted F.
 Service Span: August 22 - August 23

Outcomes:

Outcome #1: Choose program area to visit
 Summarize Steps:

Outcome #2: Choose community outing
 Summarize Steps:

Communication Style: Verbal

Learning Style: Kinesthetic, auditory, visual

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>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gagging during meals, Dysphagia, small bites</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>Osteoporosis, Hydrocephalus</u> <small>DM/ONI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</small>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Doesn't take medication at PAI.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, Mat table, In-ceiling track system.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair, Transferring system.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 Appropriate Pedestrian skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: Upbeat people, Hot sauce, music, wrestling

Important for: Positive people, Making choices

Likes: Hot sauce, Going in community

Dislikes: Being in pain, bland food.

Staff: Tony
 Date: _____



Service Recipient: Ted
 Service Span: _____

Outcomes:

Outcome #1: _____
 Summarize Steps: Ted Choose Room to visit

Outcome #2: _____
 Summarize Steps: Ted Choose Outing

Communication Style: Verbal

Learning Style: Auditory Visual Kinesthetic

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: _____
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Increased Risk of Choking</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Soft Plate Regular Spoon toilet Size Perks than liquids sippy cup</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hydroponics Diet Cerebral Palsy Spastic quadriplegia GERD</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief matt table ceiling track hoyle lift</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual staff propelled</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 Community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual input</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Important to:	<u>Uplift People helping hot sauce nurse</u>
Important for:	<u>Positive People dietary needs staff that know him well making choices</u>
Likes:	<u>1:1 staff film soapizin music hot sauce community</u>
Dislikes:	<u>Pain negative people others sad bland dry food</u>

Staff: Nathy Penny
 Date: 8-23-22



Service Recipient: Ted Farrar
 Service Span: 8/22-8/23

Outcomes:

Outcome #1: will choose program area to visit + greet his peers
 Summarize Steps:

Outcome #2: Once a month will choose outings he would like to attend
 Summarize Steps:

Communication Style: verbal

Learning Style: auditory, visual, kinesthetic

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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of gagging during meals, a lot of choking due to dysphagia. Assist during meals - ensure 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>osteoporosis, CP spastic quadriplegia, hydrocephalus, dysphagia GERD, vit D deficiency</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>@ PAI staff assist</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>keys, mat table, transferred & ceiling lift as hoist lift. Staff assist & clean clothing + to reposition</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual w/c - staff assist to propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 - propel w/c</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment open items in close distance</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>
Important to:	<u>Having upbeat people around him, hot sauce, socializing music, wrestling, helping</u>
Important for:	<u>Being around positive people, dietary orders, choices having staff that know him well</u>
Likes:	<u>1:1 staff, socializing, community, hot sauce, music wrestling</u>
Dislikes:	<u>being uncomfortable or in pain, neg. people around him when others are sad, bland/dry food</u>

Staff: Jill Sales
 Date: 8-23-22



Service Recipient: Ted Farran
 Service Span: Aug. 22 - Aug 23

Outcomes:

Outcome #1: Daily Ted will choose a program area
 Summarize Steps: to visit & greet peers in 90% trials

Outcome #2: One month Ted will choose which community
 Summarize Steps: outings he would like to participate in 85% of all trials

Communication Style: verbal

Learning Style: auditory, visual, kinesthetic

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>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of gagging during meals, increased risk of choking due to dysphagia</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>GERD, osteoporosis, CP with spastic quadriplegia, hydrocephalus, dysphagia, vit D deficiency</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, mat table, transferred using in ceiling system or hooyer</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual w/c that staff propel</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</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>n/a</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>having upbeat people around him, hot sauce, socializing, music, wrestling, helping when he can</u>
Important for:	<u>being around positive people, his dietary orders, having staff that knew him well, making choices</u>
Likes:	<u>1:1 time w/ staff, socializing with others, community</u>
Dislikes:	<u>being uncomfortable, or in pairs having negative people around, when others are sad.</u>

Staff: Sara Ranweiler
 Date: 8-16-22



Service Recipient: Ted
 Service Span: 8-22-8-23

Outcomes:

Outcome #1: choose a program area to visit
 Summarize Steps:

Outcome #2: choose his community outing
 Summarize Steps:

Communication Style: verbal

Learning Style: auditory, visual, kinesthetic

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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of gagging during meals, risk of choking due to dysphasia, small bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Size sized pieces and liquid, concerns to learn</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Osteoporosis, cerebral palsy, hydrocephalus</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No medications at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, mat table, in ceiling track system</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, staff propel chair, assist transferring</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment, items at close distance ask Ted, if he can see</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None no un supervised time</u>
Important to:	<u>having upbeat people around him, hot sauce, socializing, music, helping when he can, wrestling</u>
Important for:	<u>Being around positive people, dietary orders</u>
Likes:	<u>1:1 time with staff, socializing with others, going into community</u>
Dislikes:	<u>being uncomfortable or in pain, bland dry food</u>

Staff: Alice L. Cox
 Date: 8/16/22



Service Recipient: Ted F
 Service Span: 8-20-8'23

Outcomes:

Outcome #1: Program area to visit Weekly

Outcome #2: Choose Outing Monthly

Communication Style: Verbal

Learning Style: Verbal Repetition

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>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gagging during meals, Small bites, Dysphagia</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small sized thin liquids</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>CP, Spastic Quad, GERD, Vit D, Hydrocephalus</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Colours Dr's orders Report to home</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual chair, Track System, Bring</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stiff best w/ belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 in Community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual Impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Weekend</u> <u>Visit people, Socializing, Music, Hot Soup</u>
Important for:	<u>Positive People, Familiar Staff, Making Choices</u>
Likes:	<u>1-time by staff, Community, Music</u>
Dislikes:	<u>Uncomfortable or in pain, Bland Dry Food</u>

Staff: ERIN SANDSTROM

Date: 8-16-2022



Service Recipient: TED FARRAR

Service Span: AUGUST 2022 - AUGUST 2023

Outcomes:

Outcome #1 DAILY, TED WILL CHOOSE A PROGRAM AREA TO VISIT.

Outcome #2: 1X MONTH, TED WILL CHOOSE HIS OUTING.

Communication Style: VERBAL

Learning Style: AUDITORY, VISUAL, KINESTHETIC

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

Allergies: No Yes List & Describe Supports: NA

Seizures: No Yes Describe Supports: NA

Choking: No Yes Describe Supports: GAGGING DURING MEALS, DYSPHAGIA

Specialized Diet: No Yes Describe Supports: BITE SIZE PIECES, THIN LIQUIDS

Chronic Medical Conditions: No Yes List & Describe Supports: OSTEOPOROSIS, CP, HYDROCEPHALUS, GERD DNR/DNI: No Yes

Medication at PAI: No Yes Describe Supports: NO MEDS AT PAI

Personal Cares: No Yes Describe Supports: IN CEMO-TRACK SYSTEM. BRIEF, MAT TABLE

Mobility/Fall Risk: No Yes Describe Supports: MANUAL W/L, STAFF PROPUL

Community Support: No Yes Describe Supports: 1:1 IN COMMUNITY

Sensory Support: No Yes List & Describe Supports: VISUAL IMPAIRMENT - OFFER ITEMS AT CLOSE DISTANCE

Behavior Support: No Yes List & Describe Supports: NA

Unsupervised Time: No Yes Describe Supports: NO UNSUPERVISED TIME

Important to: UPBEAT PEOPLE, HOT SAUCE, SOCIALIZING, MUSIC, WESTERN

Important for: POSITIVE PEOPLE, DIETARY ORDERS, CHOICES

Likes: 1:1 TIME W/ STAFF, SOCIALIZING, OUTINGS, HOT SAUCE, MUSIC

Dislikes: BEING UNCOMFORTABLE, NEGATIVE PEOPLE, OTHERS ARE SAD, BLAND/DRY FOODS

Staff: Betsy
 Date: 8/16/2022



Service Recipient: Tom F
 Service Span: 8/21 - 8/23

Outcomes:

Outcome #1 Daily, choose a room to visit

Outcome #2: 1x month choose eating

Communication Style: Verbal

Learning Style: Auditory, visual, kinesthetic

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:
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of gagging</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, then liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Osteoporosis, Cerebral palsy, Hydrocephalus, GERD, Vitamin D deficient</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, neat table, ceiling track</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, staff will assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual impairment offer items at close distance</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to: <u>having upbeat people around him, hot sauce, socializing music, helping, wrestling</u>	
Important for: <u>positive people, dietary orders, staff who know him well, making choices</u>	
Likes: <u>1:1 with staff, socializing, outings, hot sauce</u>	
Dislikes: <u>uncomfortable, negative people, bland any foods</u>	

Staff: Summer
 Date: _____



Service Recipient: Kid F.
 Service Span: Aug 22-23

Outcomes:

Outcome #1 Choose program area to visit.

Outcome #2: 1x monthly choose an outing.

Communication Style:
Verbal

Learning Style:
Aud, Visual, Kinesthetic

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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of gagging during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BAC sized pieces, liquid</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>osteoporosis, vitamin D deficient, CP</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO meds at PAI</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Britt, Matt take care in clothing lift</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>maneuver wheelchair, Start assist in transfers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in comm. Start model appropriate behavior</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual impairment, hold objects closer to</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>people, hot sauce</u>
Important for:	<u>dietary orders, making choices</u>
Likes:	<u>hot sauce, 1:1 with staff, listening to music</u>
Dislikes:	<u>Others are sad, bland or dry food, big people</u>

Staff: Laura Stacken

Date: 8/16/2022



Service Recipient: Ted F

Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1 Daily, Ted will choose a program room to visit +

Outcome #2: once a month, Ted will choose his cutting

Communication Style: Verbal

Learning Style: Auditory, Visual, Kinesthetic

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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of gagging during meals Increase of Choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bitesize, thin liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>osteoporosis, CPW/spastic quad, Hydrocephalus, Dyspraxia, GERD, Vitamin D.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, mat table, transferred track system</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>1:1 in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual impairment</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Having upbeat people around time, not sauce, music, Wrestling, Socializing</u>
Important for:	<u>Seeing positive people, dietary orders, staff not know him well</u>
Likes:	<u>1:1 time w/ staff, Socializing w/ others, Community,</u>
Dislikes:	<u>Pain, bland foods</u>

Staff: Kegan

Date: _____



Service Recipient: Taylor
Service Span: 8/27/23

Outcomes:

Outcome #1	<u>choose program for visit</u>
Outcome #2:	<u>choose bus parking place & route</u>
Communication Style:	<u>verbal</u>
Learning Style:	<u>auditory, visual & kinesthetic</u>

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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has help of guardian of, needs N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>first 7 steps of needs in case of emergency</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bliss 5oz pieces, the 1/2 cup of staff and communicate "concentrate" to fear</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>OTW providers: Hydroxy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>with D. Dependent staff monitoring symptoms & responses</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds at PAI, have prescriptions order</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bring pet table, back to spa or home</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:
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>has visual impairment</u> <u>offer items of choice</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>any upset people and his, worried, let source.</u>
Important for:	<u>Boy ~ program people</u>
Likes:	<u>like the staff go to community</u>
Dislikes:	<u>to be with the "injured" people</u>

Staff: Waldie Johnson
 Date: 8-16-22



Service Recipient: Ted F
 Service Span: Aug 22-23

Outcomes:

Outcome #1 Choose a program room to visit

Outcome #2: Choose an outing

Communication Style: verbal

Learning Style: Auditory, visual, 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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of gagging, dysphasia</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>osteoporosis, cerebral palsy, spastic quad, hydrocephalus, dysphagia, GERD</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>None -</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, mat table, in ceiling track</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stiff propel chair -</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>offer objects at close distance</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>upbeat people, helping, wrestling, hot sauce</u>
Important for:	<u>clear orders, positive people, staff that know him well</u>
Likes:	<u>1:1 w/ staff, socializing w/ others, hot sauce, music</u>
Dislikes:	<u>being uncomfortable or in pain, being around negative people</u>

Staff: Kia Bauch



Service Recipient: Ted Farrer

Date: _____

Service Span: _____

Outcomes:

Outcome #1	Daily, choose a program area to visit
Outcome #2:	Monthly, choose an outing
Communication Style:	verbal
Learning Style:	auditory, visual, kinesthetic

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: N/A	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of gagging,	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized pieces, thin liquids	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Osteoporosis, CP, GERD	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No meds @ PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mat table, brief, in-ceiling track	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: chest strap for travel, wheelchair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: visual impairment, offer items @ close distance	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised time	
Important to:	upbeat people, hot sauce, wrestling	
Important for:	positive environments, his dietary orders	
Likes:	1:1 time, hot sauce, music	
Dislikes:	being uncomfortable, people who are down	

Staff: Shelly Nierad

Date: 8.16.2022



Service Recipient: Ted Farrar

Service Span: Aug. 22-23

Outcomes:

Outcome #1 Choose program room to visit

Outcome #2: Choose community outing

Communication Style:
Verbal

Learning Style:
auditory visual kinesthetic

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>N/A</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of gagging during meals,</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>Dyscoeriosis, CP, Hydrocephalus, herd. Spastic Quad</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow protocol if needs meds at PAI</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, mat tables. Full assist.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual w/c. Staff assist.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IBI in community.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual Impairment</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>	
Important to:	<u>upbeat personalities, music, wrestling, helping when can.</u>	
Important for:	<u>positive people, dietary orders choices</u>	
Likes:	<u>Socializing, hot sauce, music</u>	
Dislikes:	<u>pain, negative people Bland dry foods</u>	

Staff: Colette Rice

Date: 8.16.22



Service Recipient: Ted F

Service Span: Aug 22 → ADP

Aug 23

Outcomes:

Outcome #1 Choose program area to visit

Outcome #2: Choose outing

Communication Style: Verbal

Learning Style: auditory, visual, 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>N/A</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of gagging</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>thin liquids Small bites, bite size pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Spastic, Osteoporosis, GERD</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mat-table, brief, in ceiling trac.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chest Strap for travel, wheelchair</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, offer items ^{close} distance</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>upbeat people, hot sauce, wrestling</u>
Important for:	<u>dietary order, making choices</u>
Likes:	<u>community, hot sauce</u>
Dislikes:	<u>pain, negative people</u>

Staff: Morgan B.

Date: 8/16/22



Service Recipient: Ted F

Service Span: _____

Outcomes:

Outcome #1
choose program area to visit

Outcome #2:
choose community outing

Communication Style:
verbal

Learning Style:
Kinesthetic, auditory, visual

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>none</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gagging during meals, dysphagia, small bites</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>osteoporosis, hydrocephalus, GERD, vitamin d deficiency</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, mat table, in ceiling track system</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, transferring assist</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 appropriate pedestrian skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>upbeat people, hot sauce, music, wrestling</u>
Important for:	<u>positive people, making choices</u>
Likes:	<u>hot sauce, going in community</u>
Dislikes:	<u>being in pain, bland foods</u>

