Competency Tracking Form

Participant: Shawn (Dan) Smith

Annual Service Span: ___August 2022 – August 2023_____

Annual Meeting Date: __8/22/2022____ Date Assigned to Lead: ___8/24/2022___

Competency Quiz Due for all Staff: __9/6/2022____

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

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

Date Completed	Initials	Full Name
		Susan Gaines
	JG	John Gebhardt
	AM	Andrea Green
		Jess Gunderson
	MH	Monserrat Hernandez
	NK	Nikki Kereluk
	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
	DS	Donna Storm
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
9/9/22	TB	Tyler Bongard
9/19/22	KP	

Date Uploaded to LMS: _____

Staff: Renee Schmaltz
Date: 8/30/22

PAI

Service Recipient: Shawn Dan Smith
Service Span: Aug 22 Aug 23

Outcomes:

Outcome #1:
Dan will visit a peer in another programroom 1x wk

Outcome #2:
Dan will hand over

Communication Style: Vocalization a few words going towards

Learning Style:
Prefers short verbal Request Physical observe rather than participate to

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: generic brand of Tegretol Carbamazepine incorrect to dap
Seizures: ☑ No ☐ Yes	Describe Supports: call 911 could be sign of shunt Malfunction No Seizure since Childhood and takes Carbamazepine
Choking: ☑ No ☐ Yes	Describe Supports: Dan need staff support hard to eat nickel size pieces
Specialized Diet: ☑ No ☐ Yes	Describe Supports: regular diet with skimmilk thin liquid nectar th
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes intra cranial shunt mulfunction overlay Cerebral Palsy Dandywalker Syndrom and Epilepsy
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Not PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: take you bathroom utilized take MBM toilet Sign bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Due to lack of movement in
Community Support: ☑ No ☐ Yes	Describe Supports: Staff SLI with Dan while outing prompt
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Stare Yell and hairs arm when upset history of pull own hair
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no unsupervised time

Important to: family, choices head up for transitions tape radio

Important for: Staff telling him before moving reclining liquid thicken

Likes: Green string head message water Shakes Coca b

Dislikes: moving Chair unexpectedly Sudden changes transitions

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Shawn (Dan) Smith

Service Span: _Aug 22 – Aug 23___

Outcomes:

Outcome #1: Dan will visit a peer in another program room once/week.
Outcome #2: Dan will hand over his money when paying for items in the community.
Communication Style: Vocalizations, a few words, going towards/reaching for things
Learning Style: Prefers short verbal requests with physical prompts, to observe rather than participate, a consistent/structured 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: The generic brands of Tegretol and Carbamazepine are ineffective for Dan.
Seizures: ■ No ☐ Yes	Describe Supports: No seizure since childhood and he takes Caramazepine to control seizure activity. A seizure could be a sign of a shunt malfunction and 911 should be called right away.
Choking: ■ No ☐ Yes	Describe Supports: Dan needs staff support to cut hard-to-eat items (like hard fruits, vegetables and meat) into nickel sized pieces. Per Dan's guardian he may have sandwiches, soft cookies and burgers cut in half as Dan will take appropriate sized bites of these items.
Specialized Diet: ■ No ☐ Yes	Describe Supports: Dan is on a regular diet with skim milk. Thin liquids need to be thickened to Nectar thick consistency (water and pop), thicker liquids such as milk do not need to be thickened. He should not have artificial sweeteners due to a possible increase in seizure activity.
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes Cerebral Palsy, Dandy Walker Syndrome, and Epilepsy, intra cranial shunt. Signs of a shunt malfunction: overly tired, a distended stomach, nausea, vomiting, headache, neck pain, agitation, a change in level of consciousness and/or a seizure.
Medication at PAI: ■ No ☐ Yes	Describe Supports: Dan does not take scheduled medications while at PAI
Personal Cares: ■ No ☐ Yes	Describe Supports: "take you bathroom," "take you toilet," or signs bathroom. Dan may not ask for help when he is incontinent, putting him at risk for skin breakdown. Dan utilizes a Hoyer in the bathroom.
Mobility/Fall Risk: ■No ☐ Yes	Describe Supports: Due to lack of movement in and out of his wheelchair/repositioning, Dan is at risk of pressure sores.
Community Support: ■ No ☐ Yes	Describe Supports: Staff will sit with Dan as he heads fast food to make sure he eats slowly. Staff help propel his chair in the community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Yells and flails arms when upset, history of pulling his own hair/scratching himself. He is not always be aware that he could hit something hard and cause himself, or others, injury. When Dan is frustrated, staff will try to talk calmly with him and eliminate the cause for his frustration. Staff will also move him away from hard objects or individuals he could hit.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Family, choices, a "heads up" for transitions, tape, radio	
Important for: Staff telling him before moving his wheelchair, reclining for at least 5-min during the day, liquids thickened.	
Likes: The color green, tying string, music, head massages (for headaches), Coca-Cola, water, snacks	
Dislikes: Having his wheelchair moved unexpectedly, sudden changes (transitions)	

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 8-30-22

PAI

(Shawn)
Service Recipient: Dan Smith
Service Span: 8-22 / 8/23

Outcomes:

Outcome #1:
Dan will visit peer once a week.

Outcome #2:
Dan will hand over $ in community.

Communication Style:
Vocalizations, few words, reaching

Learning Style:
Short verbal requests, observations, structured routine

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: generic Tegretol & Carbamazepine
Seizures: ☑ No ☐ Yes	Describe Supports: None since childhood, meds to control, seizure = shunt malfunction, call 911
Choking: ☑ No ☐ Yes	Describe Supports: Nickel size bites, soft foods, sandwiches
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Skim milk, thickened liquids w/ nectar thickness, no artificial sweetener
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes Cerebral palsy, Dandy Walker Syndrome, Epilepsy, cranial shunt, lists of signs - tired, vomiting, headache etc
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No meds at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Signs bathroom, Hoyer in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: repositioning for pressure sores
Community Support: ☑ No ☐ Yes	Describe Supports: Fast Foods - Staff makes sure he eats slow
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports:
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: pulling hair scratching himself, yells & flails arms when upset
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
family, choices, heads up on transitions, tape, radio

Important for:
Staff telling him before they move him, liquids thickened

Likes:
Green, string, music, head massages, Coke, water

Dislikes:
wheelchair moving unexpectedly, sudden changes

Lead Review Completed: ____________

Staff: Andrea Green
Date: 8-30-22

Service Recipient: Dan (Shawn) Smith
Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1: Dan will visit Peek once a week
Outcome #2: Dan will hand over money in community
Communication Style: Vocalization (going towards reaching for things)
Learning Style: Short verbal prompts, observe instead of participant

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Peritic. carbamazepine
Seizures: ☒ No ☐ Yes	Describe Supports: N/A since childhood meds to control call 911 if he has seizure
Choking: ☒ No ☐ Yes	Describe Supports: Cut hard fruit meat veggies nickel size
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular skim milk w/ thicken no Aft sweetner drinks
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: cerebral palsy intro strut DNR/DNI: ☒ No ☐ Yes daniwalker syn (over head. vomiting headache
Medication at PAI: ☒ No ☐ Yes	Describe Supports: no meds @ pai
Personal Cares: ☒ No ☐ Yes	Describe Supports: "take you bathroom" or signs for bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: At risk of pressure sores
Community Support: ☒ No ☐ Yes	Describe Supports: Staff help w/ eating if chair in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: yells & slapping himself. redirect when upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None
Important to: Family. choices. head up for Hanson. tape radio	
Important for: telling him before moving chair thicken liquids. tying string	
Likes: Tape tying string recliner	
Dislikes: wet hair moved w/o notice.	

Lead Review Completed: _____

Staff: Monse H.
Date: 8-30-22

PAI

Service Recipient: Shawn Smith (Dan)
Service Span: Aug 22 - 23

Outcomes:

Outcome #1:	visit a peer onee a week
Outcome #2:	Hand over money when paying
Communication Style:	vocalization,
Learning Style:	short verbal, observe

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: carbamazepine
Seizures: ☒ No ☐ Yes	Describe Supports: Since childhood ↑ control them
Choking: ☒ No ☐ Yes	Describe Supports: cut food → nickle sized
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular diet, no artificial sweetner
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes Cerebral Palsy, Dandy Syndrome, Overly tired
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: prompts "take you toilet"
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Pressure Sores
Community Support: ☒ No ☐ Yes	Describe Supports: staff assist
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yells / flails arms, hair pulling
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no.
Important to:	family, Choices, transition
Important for:	Recline 5 min a day, liquids thickened
Likes:	Green, String, music, Coke
Dislikes:	Sudden Changes

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/30/2022

PAI

Service Recipient: Dan Smith (Shawn)
Service Span: 8/22 – 8/23

Outcomes:

Outcome #1: Will visit peer in another room
Outcome #2: Will hand over $ in community
Communication Style: Vocalizations, few words, reaching
Learning Style: Short verbal request. observe

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: tegretol, carbamazepine (generic brands)
Seizures: ☑ No ☐ Yes	Describe Supports: -call all right away.- carbamazepine, may have shunt malfunction.
Choking: ☑ No ☐ Yes	Describe Supports: Cut hard to eat items - Nickle size.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: regdit - Nectar thick thin liquids - No need to thicken milk.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Cerebal Palsy. Dandy walk. Epilepsy. shunt. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: None at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Prompts "take you bathroom." Hoyer - 2 person.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: reposition in chair. Lap belts.
Community Support: ☑ No ☐ Yes	Describe Supports: Staff Propel chair. assist w/ fast food
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Yells & flails arms when upset. talk calmly, move to quiet area
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None
Important to: fam. choices, heads up. tape, radio	
Important for: being told before moving chair. thickened liquid reclining 5 mins a day.	
Likes: Green, head massage. Coke	
Dislikes: being moved unexp.	

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 8/30/22

Service Recipient: Shawn Smith
Service Span: 8/22 - 8/23

Outcomes:

Outcome #1:	will visit peer in program room 1x/week
Outcome #2:	hand over money when paying for items in community
Communication Style:	vocalization, reaching, moving toward things
Learning Style:	short verbal requests, model, observe

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

Allergies: ■ No ☐ Yes	List & Describe Supports: generic tegratol / carbamazepine
Seizures: ■ No ☐ Yes	Describe Supports: takes meds. seizure since childhood → shunt malfunction * call 911
Choking: ■ No ☐ Yes	Describe Supports: cut hard to eat items - nickle size /
Specialized Diet: ■ No ☐ Yes	Describe Supports: regular diet - skim milk. nectar thick consistency / no artificial sweetners
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: C.P. dandy walker syndrom, epilepsy, intracranial shunt — DNR/DNI: ■ No ☐ Yes
Medication at PAI: ■ No ☐ Yes	Describe Supports: no scheduled meds @ PAI
Personal Cares: ■ No ☐ Yes	Describe Supports: prompts - hoyer
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: At risk of pressure sores.
Community Support: ■ No ☐ Yes	Describe Supports: propel chair in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ■ No ☐ Yes	List & Describe Supports: yells / flails when upset. history of scratching/pulling hair when upset - SIB
Unsupervised Time: ■ No ☐ Yes	Describe Supports: NONE
Important to:	family, chores, transition time, tape, radio
Important for:	telling him before moving chair, recline in chair, thick liquids
Likes:	green, string, head massages, coca cola, water, snacks
Dislikes:	wheelchair moved, sudden changes

Lead Review Completed: _____

Staff: Cindi Stuckey
Date: 8-30-22

Service Recipient: Dan Shaun Smith
Service Span: Aug 22 - 23

Outcomes:

Outcome #1:	he will visit a peer in another
Outcome #2:	Hand over money - after ordering
Communication Style:	vocalization - reaching
Learning Style:	short verbal requests

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Generic brands tegritol carbamazepine - ineffective
Seizures: ☒ No ☐ Yes	Describe Supports: No since childhood takes carbamazepine
Choking: ☐ No ☐ Yes	Describe Supports: needs staff to cut food up to bite size pieces.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Reg diet - thickened to nectar....
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: cerebral palsey, shunt, dandy walker syndrome, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: None @ pai
Personal Cares: ☒ No ☐ Yes	Describe Supports: prompts
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lack of movement could leave him @ risk for pressure sores
Community Support: ☒ No ☐ Yes	Describe Supports: eat slowly
Sensory Support: ☒ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yells + moves arms
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	family, Choices, radio, tape
Important for:	staff telling him before moving chair
Likes:	Green, string, music, coke, water snacks
Dislikes:	having sudden changes + wheel chair moved unexpectedly

Lead Review Completed: _____

Staff: Dave Tvinel
Date: 8.30.22

PAI

Service Recipient: Shawn (Don) Smith
Service Span: August 22 - August 23

Outcomes:

Outcome #1:

Don will visit a peer in another room once/week

Outcome #2:

Don will hand over money when paying for items in the community

Communication Style:

Vocalizations, reaching for things, Few words

Learning Style:

Prefers short verbal requests with physical prompts, to observe rather than participate. Routine.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Generic brand Tegretol, Carbamezapine ineffective for Don
Seizures: ☒ No ☐ Yes	Describe Supports: A seizure could be sign of shunt malfunction. No seizure since childhood and he takes Carbamezapine to control seizures.
Choking: ☒ No ☐ Yes	Describe Supports: Don's questions ok + hamburger, sandwiches, cookies Don needs support to cut food to eat items.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Thickit to nectar. Milk is ok. Artificial sweetner may increase seizures
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Epilepsy, cerebral palsy, shunt, Dandy walker syndrome
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Does not take scheduled medication at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: "Take you bathroom" may sign. May not tell staff when incontinent.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Don is at risk for pressure sores,
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit with Don to slow quick eating. Piped chair in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Pull hair, Flailing arms, scratch himself, staff will move Don away from others if upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to:

Family, choices, heads up for transition, tape + radio

Important for:

staff telling him before moving w/c. reclining 5 minutes daily.

Likes:

Green, flying string, head massage Coca Cola, water snacks

Dislikes:

Having w/c moved unexpectedly, sudden changes

Lead Review Completed: _____

Staff: Donna Storm
Date: 8-30-22

Service Recipient: Dan Smith
Service Span: Aug 22-23

Outcomes:

Outcome #1: visit a peer once a week
Outcome #2: Dan hand over his money when in Public
Communication Style: Vocalizations reaching
Learning Style: short verbal consisten Routine

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: tagratale carbamazepine -Generic brand
Seizures: ☑ No ☐ Yes	Describe Supports: childhood -shunt malfuction call 911
Choking: ☑ No ☐ Yes	Describe Supports: staff suport to cut nickle size bits
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Reg diet -nectar consistency liquids
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: cerebale - dani walker syndrome - shunt malfuntion DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: 0
Personal Cares: ☑ No ☐ Yes	Describe Supports: take u to bathroom or sign - hyper in bathrooms
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: pressure sores Risk
Community Support: ☑ No ☐ Yes	Describe Supports: staff sit w/Dan to insure he eats slow
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yell and frails when upset - talk calmly to reduce stress
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 0
Important to: Family choices heads up for transitions tape Radio	
Important for: tell him before moving his chair	
Likes: green tights strings coca cilda	
Dislikes: sudden movements of chair climent changes	

Lead Review Completed: _____

Staff: Dennis Moore

Date: 8/30/22

PAI

Service Recipient: Sean Smith

Service Span: 8/22-8/23

Outcomes:

Outcome #1:	Visit once a week
Outcome #2:	~~[illegible]~~ hand over funds ~~for~~ money
Communication Style:	verbal
Learning Style:	short verbal request w/physical prompts

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: tegretol
Seizures: ☒ No ☐ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: meal size pieces
Specialized Diet: ☐ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: intra cranial shunt, signs of shunt malfunction nausea, [illegible] DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: hoyer restroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: make sure to eat slow, chew [illegible] / propel his
Sensory Support: ☐ No ☒ Yes	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff will help redirect using words
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Yoga, Reading, [illegible] music, Amy
Important for:	independence, communication
Likes:	music, hot wings, coca cola, water,
Dislikes:	sudden transitions, changes

Lead Review Completed: ____________

Staff: John Gebhardt
Date: 8-30-22

PAI

Service Recipient: S. Dan Smith
Service Span: Aug '22 to Aug '23

Outcomes:

Outcome #1:	Dan will visit peer in another room 1x weekly
Outcome #2:	He will hand his money to staff in community
Communication Style:	Vocalizations, gestures,
Learning Style:	Short verbal request with prompts, A structured and consistant routine.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Tegretol, Carbamazepine (Generic Variety)
Seizures: ☒ No ☐ Yes	Describe Supports: No seizures since childhood. Call 911 Immediately
Choking: ☒ No ☐ Yes	Describe Supports: Needs staff help to cut up foods. to nickel sizes. Take smaller bites.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular diet with Skim Milk. Make nectar thick liquids. No Diet Drinks
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral Palsy, Dandy Walker Syndrome, Shunt. Epilepsy, Nausea, neck pain, headaches,
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No scheduled Meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Prompts for Toilet/Bathroom. Uses Hoyer's
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has Wheel chair. Risk of pressure sores
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair in Community
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yells and waves arms when upset. Pulls Hair Help him to calm down.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	Tape, Radio, Help him with Transitions
Important for:	Tell him before moving his wheelchair
Likes:	Green Colors, Tape, Water,
Dislikes:	Sudden changes. Moving his wheelchair Quickly

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 8/30/22

Service Recipient: Shawn (Dan) Smith
Service Span: _Aug 22 – Aug 23___

Outcomes:

Outcome #1: Dan will visit a peer in another program room once/week.
Outcome #2: Dan will hand over his money when paying for items in the community.
Communication Style: Vocalizations, a few words, going towards/reaching for things
Learning Style: Prefers short verbal requests with physical prompts, to observe rather than participate, a consistent/structured 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: The generic brands of Tegretol and Carbamazepine are ineffective for Dan.
Seizures: ■ No ☐ Yes	Describe Supports: No seizure since childhood and he takes Caramazepine to control seizure activity. A seizure could be a sign of a shunt malfunction and 911 should be called right away.
Choking: ■ No ☐ Yes	Describe Supports: Dan needs staff support to cut hard-to-eat items (like hard fruits, vegetables and meat) into nickel sized pieces. Per Dan's guardian he may have sandwiches, soft cookies and burgers cut in half as Dan will take appropriate sized bites of these items.
Specialized Diet: ■ No ☐ Yes	Describe Supports: Dan is on a regular diet with skim milk. Thin liquids need to be thickened to Nectar thick consistency (water and pop), thicker liquids such as milk do not need to be thickened. He should not have artificial sweeteners due to a possible increase in seizure activity.
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral Palsy, Dandy Walker Syndrome, and Epilepsy, intra cranial shunt. Signs of a shunt malfunction: overly tired, a distended stomach, nausea, vomiting, headache, neck pain, agitation, a change in level of consciousness and/or a seizure.
Medication at PAI: ■ No ☐ Yes	Describe Supports: Dan does not take scheduled medications while at PAI
Personal Cares: ■ No ☐ Yes	Describe Supports: "take you bathroom," "take you toilet," or signs bathroom. Dan may not ask for help when he is incontinent, putting him at risk for skin breakdown. Dan utilizes a Hoyer in the bathroom.
Mobility/Fall Risk: ■No ☐ Yes	Describe Supports: Due to lack of movement in and out of his wheelchair/repositioning, Dan is at risk of pressure sores.
Community Support: ■ No ☐ Yes	Describe Supports: Staff will sit with Dan as he heads fast food to make sure he eats slowly. Staff help propel his chair in the community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Yells and flails arms when upset, history of pulling his own hair/scratching himself. He is not always be aware that he could hit something hard and cause himself, or others, injury. When Dan is frustrated, staff will try to talk calmly with him and eliminate the cause for his frustration. Staff will also move him away from hard objects or individuals he could hit.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Family, choices, a "heads up" for transitions, tape, radio	
Important for: Staff telling him before moving his wheelchair, reclining for at least 5-min during the day, liquids thickened.	
Likes: The color green, tying string, music, head massages (for headaches), Coca-Cola, water, snacks	
Dislikes: Having his wheelchair moved unexpectedly, sudden changes (transitions)	

Lead Review Completed: _____

Staff: Daniel P

Date: 8/30/22

Service Recipient: Shawn (Dan) Smith

Service Span: 8/22 - 8/23

Outcomes:

Outcome #1:	Visit a peer in another room 1X week
Outcome #2:	Will hand over money when paying for items in community
Communication Style:	Vocalizations, few words, reaching for things
Learning Style:	Short verbal requests physical prompts, observe instead of participate

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: tegretol and Carbamazepine - ineffective
Seizures: ☒ No ☐ Yes	Describe Supports: seizure could be from shunt None since childhood takes carbamazepine
Choking: ☒ No ☐ Yes	Describe Supports: cut hard items into nickel size pieces May have sandwiches, soft cookies, and burgers cut in half
Specialized Diet: ☒ No ☐ Yes	Describe Supports: regular diet with skim milk. Thin liquids thickened to nectar consistency
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy, Dandy walker syndrome, Epilepsy, has shunt. Signs of seizure from shunt, extended stomach, fever. DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Doesn't take meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: take you bathroom Uses a hoyer in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to lack of movement at risk for pressure sores
Community Support: ☒ No ☐ Yes	Describe Supports: ~~Staff will sit~~ Staff will sit with Dan with fast eating
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yells and flails arms when upset, pulls own hair, sib,
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	family, choices, heads up for transitions, tape, radio
Important for:	Staff telling him before moving wheelchair, liquids thickened
Likes:	color green, string, music, coke, water, snacks
Dislikes:	having his wheelchair moved unexpectedly, sudden changes

Lead Review Completed: _____

Staff: Gaines, Suzie

Date: 8/30/22

PAI

Shawn,
Service Recipient: Dan Smith

Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1:	Dan will visit a peer in another X1 a week
Outcome #2:	Dan will hand over money when outing.
Communication Style:	vocalizations, a few words reaching / towards item
Learning Style:	prefers short verbal prompts. [illegible].

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: generic tegretol & carbamazepine
Seizures: ☒ No ☐ Yes	Describe Supports: No since childhood - carbamazepine. Shunt malfunction. all right away
Choking: ☒ No ☐ Yes	Describe Supports: Cut hard to eat items. like hard fruits, veggies, and meat into nickle size. soft foods.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dan is on regular diet with skim milk (liquids - thicken) nectar thicken.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral palsy, Dandy walker intra cranial shunt. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Dan doesn't take med's here at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: "take you bathroom" "take you toilet" uses [illegible] in bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: pressure sores. lack of movement
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit with Dan - fast food
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yells, pulling own hair, scratching self. Staff move him away so he wouldn't get hurt
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.
Important to:	family, choices, tape radio,
Important for:	Staff telling him before moving W.C.
Likes:	green, tying strings, Coke, water, snacks, head rubs
Dislikes:	W.C. move. Sudden changes.

Lead Review Completed: ______________

Staff: TYLER BONGARD

Date: 9/9/22

Service Recipient: SHAWN (DAN) SMITH

Service Span: AUGUST '22 - AUGUST '23

Outcomes:

Outcome #1: DAN WILL VISIT A PEER IN ANOTHER PROGRAM ROOM ONCE/WEEK

Outcome #2: DAN WILL HAND OVER HIS MONEY WHEN PAYING FOR ITEMS IN THE COMMUNITY

Communication Style: VOCALIZATIONS A FEW WORDS, GOING TOWARDS/REACHING FOR THINGS

Learning Style: PREFERS SHORT VERBAL REQUESTS W/ PHYSICAL PROMPTS, TO OBSERVE RATHER THAN PARTICIPATE, & CONSISTENT/STRUCTURED ROUTINE.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: GENERIC BRANDS OF TEGRETOL & CARBAMAZE INEFFECTIVE FOR DAN
Seizures: ☒ No ☐ Yes	Describe Supports: NO SEIZURE SINCE CHILDHOOD - CONTROLLED BY CARBAMAZEPINE. CALL 911 IF SEIZURE - COULD BE SIGN OF MALFUNCTION
Choking: ☒ No ☐ Yes	Describe Supports: CUT HARD TO EAT ITEMS NICKEL SIZE (HARD FRUITS/VEGGIES/MEATS)
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NO ARTIFICIAL SWEETNERS, ~~COLD~~ BEVERAGES ~~THICKENED~~ THICKENED NECTAR THICK
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CEREBRAL PALSY, DANDY WALKER SYNDROME & EPILEPSY - INTRA CRANIAL SHUNT. SIGNS OF SHUNT MALFUNCTION - DISTENDED STOMACH, NECK PAIN, SEIZURE. DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: DOES NOT TAKE SCHEDULED MEDS @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: "TAKE YOU BATHROOM" "TAKE YOU TOILET" USES HOYER. MAY NOT ASK FOR HELP - SKIN ASSESSMENT
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: AT RISK OF PRESSURE SORES DUE TO LACK OF MOVEMENT/REPOSITIONING RISK
Community Support: ☐ No ☐ Yes	Describe Supports: SIT W/ DAN WHILE EATING FAST FOOD TO MAKE SURE HE EATS SLOWLY, PROPEL CHAIR IN COMMUNITY
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes WITH	List & Describe Supports: WHEN HES FRUSTRATED, TRY TO TALK CALMLY HIM & ELIMINATE CAUSE FOR FRUSTRATION, MOVE AWAY FROM OTHERS
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME

Important to: FAMILY, CHOICES, A "HEADS UP" FOR TRANSITIONS, MUSIC, RADIO

Important for: STAFF TELLING HIM BEFORE MOVING WHEELCHAIR, RECLINING AT LEAST 5MIN DURING DAY, LIQUIDS THICKENED

Likes: COLOR GREEN, THING STRING, HEAD MASSAGE (FOR HEADACHES) COCA COLA, WATER, SNACKS

Dislikes: SUDDEN CHANGES (TRANSITIONS), HAVING HIS CHAIR MOVED UNEXPECTEDLY

Lead Review Completed: _____

Staff: Kathy Perry
Date: 9-19-22

Service Recipient: Shawn (Dan) Smith
Service Span: 8/22 - 8/23

Outcomes:

Outcome #1: Will visit a peer in another program room once a week

Outcome #2: Will hand over his money when paying for items in the Community

Communication Style: vocalizations, a few words, going towards/reaching for things

Learning Style: Short verbal requests & physical prompts, to observe rather than participate, consistent/structured routine

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: generic brands of tegretol & carbamazepine are ineffective for Dan
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since childhood. Takes carbamazepine to control seizures. Seizure could be sign of shunt malfunction Call 911 immediately
Choking: ☒ No ☐ Yes	Describe Supports: Staff support to cut ~~food~~ hard to eat items (hard crust on veggies) Needs diced pieces. Can have sandwiches, soft cookies Bangers cut in ½ as he takes appropriate bites of these
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Reg diet & skim milk, thin liquids must be nectar thick milk - no thickening NO artificial sweeteners.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, Dandy Walker syndrome, epilepsy, under cranial shunt. Shunt malfunction: overly tired, distended stomach, nausea, vomiting, headache, neck pain, agitation, seizure, change in consciousness DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: @ PAI Assist if needed
Personal Cares: ☒ No ☐ Yes	Describe Supports: "Take you bathroom" "Take you toilet" or Signs bathroom. May not ask when incontinent Hoyer in BR
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to lack of movement in & out of w/c/recl. at risk of pressure sores. w/c - assist to mobility
Community Support: ☒ No ☐ Yes	Describe Supports: Staff sit & Dan at least 30 to make sure he eats slowly. Staff propel chair in community
Sensory Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yells & flails arms when upset. Hx of pulling own hair, scratching self. Could hit something hard & injure self. When frustrated take calmly & eliminate cause.
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time
Important to: family, choices, "heads up" for transitions, tape, radio	
Important for: Telling him before moving chair, reclining for at least 5 min daily, liquids thickened	
Likes: The color green, tying strings, music, head massages, water, snacks, Coca-cola, chocolate milk	
Dislikes: Moving w/c without telling him, sudden changes - transitions	

Lead Review Completed: _____