In-Service Training Log – Linden

Date: 10/11/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			AS and JH comp quiz
.25	Maddy K			Retention bonus

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

Make up Date	Initial	EE ID	Last Name
	SN		Neirad, Shelly
		EO	Olson, Emily
	CR	CR	Rice, Colette
			Sales, Jill
			Sandstrom, Erin
			Stacken, Laura
		VY	Yang, Lisa

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

Make up Date	Initial	EE ID	Admin Staff
	dt	~~dt~~	Taylor, Tiffany

Competency Tracking Form
Linden Site

Participant: Alex S **Annual Service Span: Sep 22- Sep 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	Ailport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AR	Cox, Alice
		~~Hampton, Tony~~
	MH	Hetchler, Maria
		Hiland, Lindsay
	NB	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	CO	Olson, Emily
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
		~~Shirley, Ashleigh~~
	SS	Stacken, Laura
	TT	Taylor, Tiffany
	LY	~~Yang~~, Lisa

Date Uploaded to LMS: _____

Competency Tracking Form
Linden Site

Participant: Jordan H **Annual Service Span: Oct 22- Oct 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	Ailport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
		Cox, Alice
		~~Hampton, Tony~~
		Hetchler, Maria
		Hiland, Lindsay
		Johnson, Natalie
		Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla

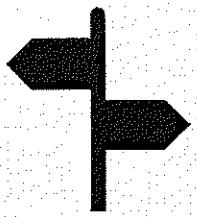
Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	EO	Olson, Emily
	CR	Rice, Colette
		Sales, Jill
		Sandstrom, Erin
		~~Shirley, Ashleigh~~
		Stacken, Laura
		Taylor, Tiffany
		Yang, Lisa

Date Uploaded to LMS: _____

PAI-Linden

10.11.2022

Welcome

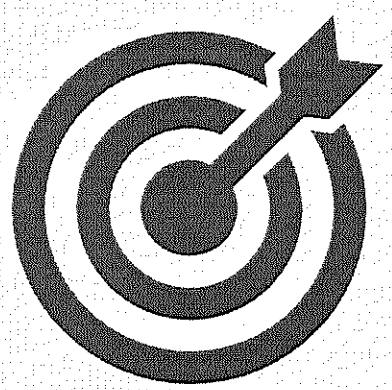


Sign In

Introductions

A moment of gratitude

Agenda

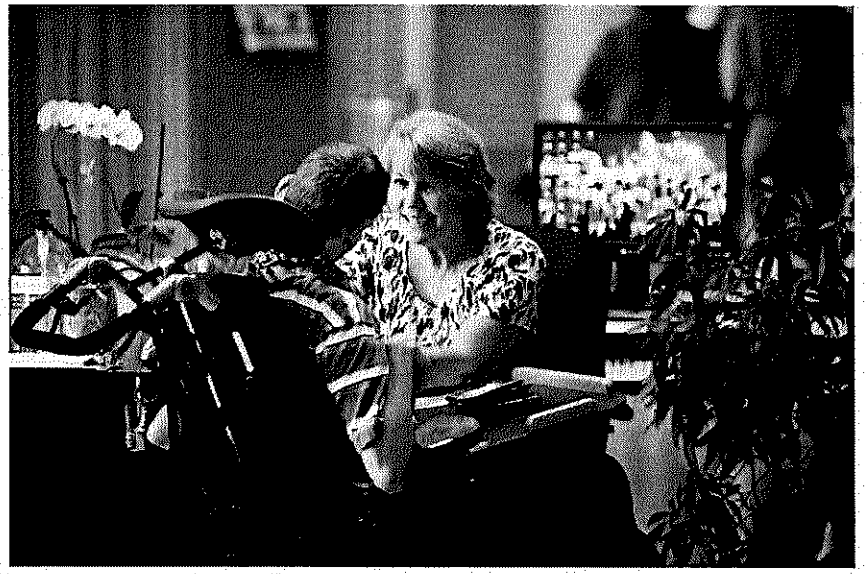


Welcome
Site-Specific Updates
Agency-Wide Updates
Policy and Procedure Review
Employee Handbook Review
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up

Site-Specific Updates

Retention bonus week!



Competency Reviews

Alex Subiaga
September 22 – September 23

Outcome #1: Once a week, Alex will choose a game to participate in for 5 minutes or longer	
Outcome #2: Daily, Alex will choose whether he would like to watch a train video or join a group by eye-gazing at the preferred activity	
Communication Style: facial expressions, reaching for desired objects, pushing away what he does not like, and eye gazing	
Learning Style: appears to be kinesthetic and 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: Amoxicillin and Ceftriaxone Sodium -Staff will not give Alex these medications
Seizures: ☒No ☐ Yes	Describe Supports: seizure disorder partially controlled with medication. More frequent drop seizures when excited. -Extended seizures will be reported to Alex's guardians
Choking: ☒ No ☐ Yes	Describe Supports: at risk of choking if eating too fast or has drop seizures while eating - Given reminders to slow down when eating finger foods too fast

[redacted]

Specialized Diet: ☒ No ☐ Yes	Describe Supports: regular calorie diet with bite size pieces - Receives assistance in cutting his food into bite-sized pieces and eating foods that require the use of a spoon or fork.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndrome, Hypotonia - Should staff note a change in Alex's ability, his guardians will be notified. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒No ☐ Yes	Describe Supports: Alex requires full assistance with his medications - Staff have received training on medication administration before passing medications to Alex
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transfers using arjo. Alex will sit on toilet for up to fifteen minutes
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk of injury from falling when he is bearing weight, as he can be unsteady. Uses a manual wheelchair for his primary mobility -Staff propel his wheelchair and assist with transfers
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community -Staff demonstrate appropriate pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment, Tactile defensiveness -Staff let Alex know what is happening before touching him, staff show objects at close distance

[redacted]

Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: his family, having staff inform him before touching him, mealtimes, getting into the community	
Important for: receiving care from people that know him well, bearing weight in the arjo, eating meals with minimal assistance, his dietary orders, his seizure protocol	
Likes: being able to observe an activity, participating in or listening to music therapy, being in a social environment, people watching in the community, mealtimes, and being with people that know him well.	
Dislikes: of having a lot of physical contact or when staff assist with hand over hand for too long, when his decisions are not honored, feeling left out or not included, or when he is feeling lethargic	

[redacted]

Jordan Holm
Oct 22 – Oct 23

Outcome #1: Twice a week, Jordan will choose an instrument to play or learn about with assistance from staff	
Outcome #2: Daily, Jordan will choose what fidget or sensory item he would like to use for the day	
Communication Style: facial expressions, vocalizations, gestures and eye pointing	
Learning Style: appears to be auditory, visual and 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: History of few seizures -Staff will call 911 for any seizure activity and provide first aid if needed
Choking: ☒No ☐ Yes	Describe Supports: is at risk of choking if his nutrition is not given to him via G-tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: nutrition and liquids via G-tube -Staff will follow Jordan's orders

[redacted]

Chronic Medical Conditions: ☒No ☐ Yes	List & Describe Supports: Iron deficiency anemia, Cornelia de Lange syndrome, GERD DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff dispense the medication and pass it to Jordan via G-tube -Staff receiving training on med admin before passing medications to Jordan
Personal Cares: ☒No ☐ Yes	Describe Supports: Disposable brief, hoyer or in-ceiling track system, mat table -Requires full assistance from staff
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight. Unable to independently propel wheelchair. -Staff support Jordan during transfers and propel his wheelchair for him
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community -Staff demonstrate appropriate pedestrian safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision impairment, overstimulation -Staff verbally explain what they are showing Jordan, staff assist Jordan to calm environments
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Self-injurious behaviors: Hand chewing/withering -Staff will offer a sensory of redirection activity

[redacted]

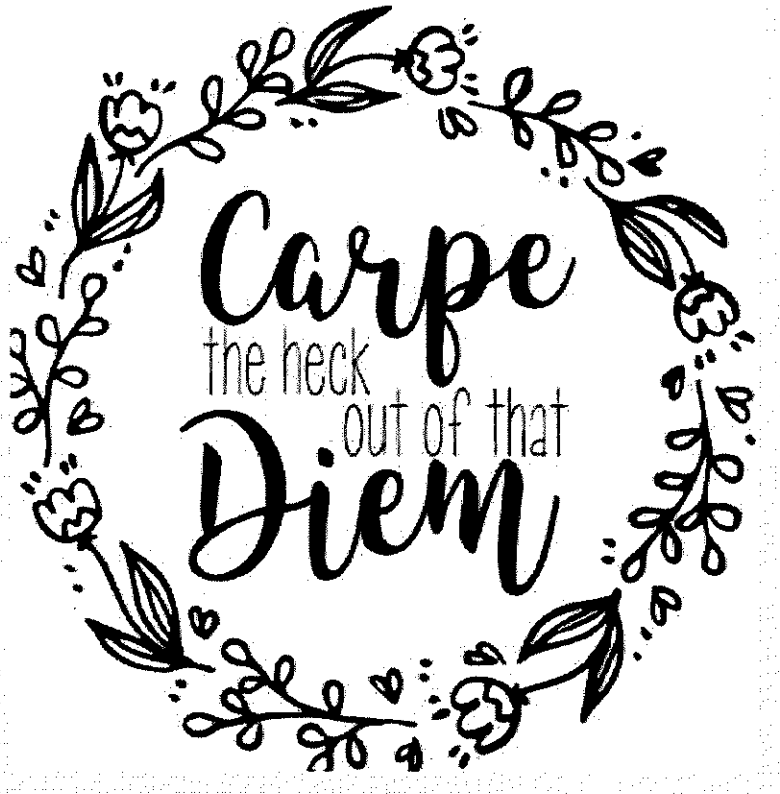
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: his family, his religion, being involved, being comfortable, spending time outside	
Important for: his dietary protocol, his seizure protocol, and being with people who know him well.	
Likes: having a fidget or something to do with his hands, working with staff that know him well, looking out the window, quiet environments, and going for walks.	
Dislikes: being anxious or in pain, having gas, not being included in what is going on around him, and being in hectic environments.	

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?



Staff: Kyla M.

Date: _____

Service Recipient: Alex S.

Service Span: Sept. 22 - Sept. 23

Outcomes:

Outcome #1 1x week

Alex will choose a game to participate in for 5min or longer

Outcome #2: Daily

Alex will choose whether he would like to watch a train video or join the group by eye-gazing

Communication Style:

facial expressions, Reaching for desired objects, Pushing away what he doesn't

Learning Style:

Appears to be kinesthetic + 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: Amoxicillin + Ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure disorder partially controlled w/meds Drop seizures when excited
Choking: ☒ No ☐ Yes	Describe Supports: At risk of choking if eating to fast or has drop seizures while eating
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular calorie diet w/ bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndrome, Hypotonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Alex requires full assistance w/meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transfers using Argo, Alex will sit on toilet for 15min
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: At risk of injury from falling when he bearing weight
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment, Tactile defensiveness
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:

His family, having staff inform him before touching, mealtimes

Important for:

Receiving care from people that know him well, bearing weight

Likes:

Being able to observe an activity, participating in / listening to music + therapy

Dislikes:

Having a lot of physical contact, when staff assist hand over hand to long

Lead Review Completed: ____ dff

Staff: Natalie Johnson
Date: 10-11-2022

PAI

Service Recipient: Alex S
Service Span: Sep 22-23

Outcomes:

Outcome #1: Once a week, he will choose a game to participate. Summarize Steps: in for 5 min or longer	
Outcome #2: Daily, Alex will choose a train video or join a group by eye-gazing	
Communication Style: facial expressions, reaching, pushing away eye gazing	
Learning Style: appears to be kinesthetic and repetition	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amnox Lefitroexia
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled seizure disorder
Choking: ☒ No ☐ Yes	Describe Supports: eating too fast. drop sizes
Specialized Diet: ☐ No ☒ Yes	Describe Supports: bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical rett syndrom DNR/DNI: ☒ No ☐ Yes hypotonia
Medication at PAI: ☐ No ☐ Yes	Describe Supports: recieve training on med. administration
Personal Cares: ☒ No ☐ Yes	Describe Supports: Argo - toilet up to 15 min
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel his wheelchair - bear weight w/ staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairments, taetile defensiveness
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to: family, staff inform, meal times, time in the community	
Important for: seizure protocol, eating meals, dietary orders	
Likes: observe an activity, music therapy, social environments staff that know him well	
Dislikes: a lot of physical contact, non for too long being left out	

Lead Review Completed: dt

Staff: Shelly Nierad
Date: 10.11.22

Service Recipient: Alex S.
Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Alex will choose daytime 1x per wk 5 min or longer.
Summarize Steps:

Outcome #2: Alex will choose group or train video.
Summarize Steps:

Communication Style:
Reaching, Facial, eye gazing

Learning Style:
Kinisthetic, 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: Amox.
Seizures: ☑ No ☐ Yes	Describe Supports: partially controlled. w/meds.
Choking: ☑ No ☐ Yes	Describe Supports: at risk if eats too fast, Reminders to slow down.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: reg. Calorie diet, bite size pieces.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: atypical Rhett, Hypocontonia. DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff are trained. Follow Mar. Full-Assist
Personal Cares: ☒ No ☐ Yes	Describe Supports: transfers using Arjo, toilet 15 mins.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk of falling, Can bear some weight.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in Community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual Impairment. tactile defensiveness
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to:
family, meal times, community outings.

Important for:
Pers. care from staff, Arjo, dietary orders,

Likes:
observe activities, music therapy,

Dislikes:
physical contact, feeling tired or left out

Lead Review Completed: dN

Staff: Kia L. Bauch

Date: 10/11/22

Service Recipient: Alex S.

Service Span: Sep 22 – Sep 23

Outcomes:

Outcome #1: 1x weekly, choose a game Summarize Steps:
Outcome #2: Daily, choose to watch a train video Summarize Steps:
Communication Style: facial, reaching, pushing away
Learning Style: Kinisethic, 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: Amox.
Seizures: ☑ No ☐ Yes	Describe Supports: Partially controlled w/ meds
Choking: ☑ No ☐ Yes	Describe Supports: at risk if eats too fast, reminders to slow down
Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite sized pieces, receives assistance
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Rhett Syndrome DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: staff are trained
Personal Cares: ☑ No ☐ Yes	Describe Supports: transfers using Arjo, sits on toilet
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: at risk of falling when in Arjo, unsteady
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: visual impairment, tactile defensive
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to: family, mealtimes	
Important for: people that know him, bearing weight	
Likes: observe an activity, music therapy	
Dislikes: physical contact, feeling left out	

Lead Review Completed: dt

Staff: Colette Rice
Date: 10.11.22

Service Recipient: Alex S.
Service Span: Sept. 22 → Sept 23

Outcomes:

Outcome #1: x1 week choose a game. Summarize Steps:
Outcome #2: daily choose to watch train video. Summarize Steps:
Communication Style: facial expressions eye gazing, pushing away
Learning Style: Kinitsethic, 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: ~~Amoxi~~ Amox
Seizures: ☒ No ☐ Yes	Describe Supports: partially Controlled w/ meds
Choking: ☒ No ☐ Yes	Describe Supports: at risk if eats to fast, to Slow down Reminders
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite Size pieces, receives assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Rhett Syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff are trained
Personal Cares: ☒ No ☐ Yes	Describe Supports: transfer using arjo, ~~Sits~~ Sits on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk of falling when in arjo, un steady
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, tactile defensive
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to: family, meal time, Community	
Important for: People that know him well, bearing weight	
Likes: observe activity, music therapy	
Dislikes: Physical contact, decisions not honored	

Lead Review Completed: _____

Staff: Deanne Lepley
Date: 10-11-22

PAI

Service Recipient: Alex Subiaga
Service Span: Sept 2022- Sept 2027

Outcomes:

Outcome #1: 1X wk choose a game to participate 5mins or longer.
Summarize Steps:

Outcome #2: Daily, Alex will choose where he would like to walk.
Summarize Steps: obtain video or join group by eye gazing at preferred activity

Communication Style: Facial expressions, reaching for desired objects, pushing away what he doesn't like

Learning Style: Appears to be Kinesthetic + 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: Amoxicillin + Ceftriaxone Sodium
Seizures: ☐ No ☒ Yes	Describe Supports: Seizure disorder partially controlled w/ meds more frequent drop seizures when excited.
Choking: ☒ No ☐ Yes	Describe Supports: at risk of choking if eating to fast or has drop seizure while eating
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Reg. Calorie diet Needs assistance in cutting husband into bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndrome Hypotonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff need training on new before passing to Alex
Personal Cares: ☒ No ☐ Yes	Describe Supports: Is for Using Arjo. Alex will sit on toilet up to 15 mins
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Risk of falling when he is bearing weight manual WC for Mobility
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment, tactile defensiveness
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Staff to inform him before touching him, mealtimes

Important for: bearing weight in the arjo, Eating meals w/ minimal assistance

Likes: Listening to music therapy, being in social environment

Dislikes: having physical contact or staff assisting him over head to long, feeling left out or not included

Lead Review Completed: _____

Staff: Summer M

Date: _____

PAI

Service Recipient: Alex S.

Service Span: _____

Outcomes:

Outcome #1: 1 weekly choice a game to join for 5 min.

Summarize Steps:

Outcome #2: Daily choose between train video vs games.

Summarize Steps:

Communication Style:
facial, pushing away, eye gazing

Learning Style:
Routine, 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: Amoxicillin, Ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure disorder, partially controlled w/ Meds
Choking: ☐ No ☐ Yes	Describe Supports: @ risk if eating to fast / has drop seizure
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Regular Cal, Bite Sized.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Hypotonia, Atypical Rett Syndrom DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff received training on meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transfers using arjo, sits for up to 15 min
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual chair staff propel and help w/ transfers
Community Support: ☒ No ☐ Yes	Describe Supports: Staff demonstrate safe skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Visual impairment, tactile defensive
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
family, staff inform letters touching

Important for:
Balance, weight, seizure protocol

Likes:
Mats, music therapy, trains, social env.

Dislikes:
physical contact, feeling left out.

Lead Review Completed: _____

Staff: Betsy
Date: 10/11/2022

PAI

Service Recipient: Alex S.
Service Span: 9/2022 - 9/2023

Outcomes:

Outcome #1: Wkly choose a game to participate 5mins or longer.
Summarize Steps:

Outcome #2: Daily choose train video or join group.
Summarize Steps:

Communication Style:
facial expressions, reaching for desired objects, pushing away, eye gazing

Learning Style:
Kinesthetic + 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: Amoxicillin Ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled by med
Choking: ☒ No ☐ Yes	Describe Supports: eating too fast or drop seizures while eating reminders to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett syndrome Hypotonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: staff administers
Personal Cares: ☑ No ☐ Yes	Describe Supports: uses Argo, sit on toilet for 15 mins
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: when bearing weight risk of falling uses wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment lot know before touching him, show objects at close range
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
family, inform before touching, meal times, outings

Important for:
cares from people he knows, bearing weight on Argo, meals, seizure protocol

Likes:
observe activities, participating + listening to music therapy, outings

Dislikes:
physical contact, HOH to long, left out, feeling lethargic

Lead Review Completed: _____

Staff: [illegible]
Date: 10/11/22

PAI

Service Recipient: Alex S.
Service Span: 9/22 – 9/23

Outcomes:

Outcome #1: [illegible]
Summarize Steps:

Outcome #2: [illegible]
Summarize Steps:

Communication Style: [illegible]

Learning Style: [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: [illegible]
Seizures: ☒ No ☐ Yes	Describe Supports: [illegible]
Choking: ☒ No ☐ Yes	Describe Supports: [illegible]
Specialized Diet: ☒ No ☐ Yes	Describe Supports: [illegible]
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: [illegible] DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: [illegible]
Personal Cares: ☒ No ☐ Yes	Describe Supports: [illegible]
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: [illegible]
Community Support: ☒ No ☐ Yes	Describe Supports: [illegible]
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: [illegible]
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: [illegible]	
Important for: [illegible]	
Likes: [illegible]	
Dislikes: [illegible]	

Lead Review Completed: [illegible]

Staff: Alice L. Cox

Date: _____

PAI

Service Recipient: Alex S

Service Span: 9/22 – 9/23

Outcomes:

Outcome #1: Alex will choose a game to participate for 5 mins

Summarize Steps:

Outcome #2: Daily Alex will chose whether he would like to watch a fun video or group - eye gaze choice

Summarize Steps:

Communication Style: Facial Expression, Reaching, pushing away Eye Gaze

Learning Style: Kinesthetic + Auditory

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amoxicillin + Ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: Partially Controlled by Meds, Extended care Report to home
Choking: ☐ No ☐ Yes	Describe Supports: Give Reminders to slow down Chokin/not
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Reg Calories Bite Sized, Cut food, Heavy foods
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rhett's, Hypotonia Report changes DNR/DNI: ☒ No ☐ Yes Living upon
Medication at PAI: ☐ No ☐ Yes	Describe Supports: Non at this time Staff are trained to Home
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transfer by ARJO can still on toilet 15 min
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Risk of falling when bearing weight Manual chair
Community Support: ☐ No ☐ Yes	Describe Supports: Protect + Serve
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual Impairment, Tactile Defense, Staff let family know
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: Family, let him know before touching, Meals, Community

Important for: Knowing staff, Being Weight in ARJO, Meds, Seizures

Likes: Observe activities, Participate in Music Therapy, Social Media Photos

Dislikes: Lots of physical touch

Lead Review Completed: _____

Staff: Jill Sales
Date: 10-11-22

PAI

Service Recipient: Alex Subiaga
Service Span: 9-22/9-23

Outcomes:

Outcome #1: Once week choose a game to participate in for 5 minutes or longer
Summarize Steps:

Outcome #2: During Alex will choose whether he wants to watch video or join group by eye gaze at preferred activity
Summarize Steps:

Communication Style: facial expression, reaching, eye gazing, pushing away

Learning Style: Kinesthetic, 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: amoxicillian ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: seizure disorder partially controlled by meds. More drop seizure when extra full.
Choking: ☒ No ☐ Yes	Describe Supports: @ risk if eat too fast or has drop seizure while eating - remind to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: reg/ calorie diet w/ bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: atypical Rett syndrome, Hypotonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff trained on meds prior to passing to Alex - full assistance
Personal Cares: ☒ No ☐ Yes	Describe Supports: transfers using RSO can sit on toilet up to 15 minutes
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: @ risk of falling when bearing weight as he is unsteady, manual w/c use
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, tactile defensiveness - let Alex know before touching him.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: n/a
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: n/a

Important to: his family, staff inform him prior to toileting, meal times, out in community

Important for: dietary orders, seizure protocol, having weight on RSO, meals w/ minimal assistance

Likes: being able to observe activity, social environment, mealtimes, people that know him well

Dislikes: Hall too long, feeling left out, being left alone or not included

Lead Review Completed: dk

Staff: Emily Olson

Date: 10-11-2022

Service Recipient: Alex Subinga

Service Span: Sep 22-23

Outcomes:

Outcome #1:	
Summarize Steps:	1x weekly, Alex will choose a game (5 mint)
Outcome #2:	
Summarize Steps:	daily, Alex will choose if he wants to watch a train video or join group by eye gazing
Communication Style:	facial, reaching, pushing, eye gazing
Learning Style:	(appears) Kinesthetic/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: amoxicillin/ceftriaxone Sodium
Seizures: ☑ No ☐ Yes	Describe Supports: seizure disorder (meds) drop seizures (when excited)
Choking: ☒ No ☐ Yes	Describe Supports: risk if eating fast, given reminders to slow down.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: reg. diet/bite pieces, spoon/fork foods, staff cuts up
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndrome, hypotonia (staff report changes) DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff is trained
Personal Cares: ☒ No ☐ Yes	Describe Supports: arjo transfers, up to 15 min on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ~~stand~~ bearing weight/manual chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, tactile defensiveness, staff show items up close.
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports: N/A
Important to:	family, consent before touching / food, community
Important for:	care from known people, arjo, ~~assistance~~ minimal assistance eating, dietary orders, seizure ccl.
Likes:	observing activity / listening to MT, social settings, people watching, food, people that know him.
Dislikes:	~~poor~~ Holt too long, lethargic, not included

Lead Review Completed: dk

Staff: Lisa Yang
Date: 10-11-2022

PAI

Service Recipient: Alex S.
Service Span: _____

Outcomes:

Outcome #1: Once a week Choose game to participate for . Summarize Steps: 5 minutes or longer	
Outcome #2: Daily. Watch a train video / join group . Summarize Steps:	
Communication Style: facial expressions, reaching, Pushing away what he doesnt like. eye gazing.	
Learning Style: Kinesthetic, 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: Amoxicillin & Cefriaxone Sodium.
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure disorder. Drop Seizures
Choking: ☒ No ☐ Yes	Describe Supports: too fast, slow down.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cutting food small sizes. Eating for require. use of spoon or fork.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndome. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Medication Administration
Personal Cares: ☒ No ☐ Yes	Describe Supports: Arjo. Sit on toilet, up to 15mins
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Risk of falling.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment. Tactile defensiveness
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: Inform before touching, mealtime, community	
Important for: Receiving care from people who knows him well. Bearing weight on arjo. dieting. Seizure protocols.	
Likes: Participating. listening to music	
Dislikes: physical contact.	

dr

Lead Review Completed: _____

Staff: Morgan

Date: 10/11/22

Service Recipient: Alex S.

Service Span: _____

Outcomes:

Outcome #1: choose game to participate in for 5 min Summarize Steps:
Outcome #2: choose train video or choose group to join Summarize Steps:
Communication Style: facial expressions, reaching for objects
Learning Style: routine, 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: amoxicilin, ceftraxone sodium
Seizures: ☒ No ☐ Yes	Describe Supports: drop seizures, partial control
Choking: ☒ No ☐ Yes	Describe Supports: may choke when eating, give reminders
Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size, assist in cutting food,
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: rhelt syndrome DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff recieve training
Personal Cares: ☒ No ☐ Yes	Describe Supports: transfer w/ arjo 15 min on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: when bearing weight, staff assist
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile defense, tell whats happening beforehand
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: none
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to: family, meal time, outings	
Important for: eat w/ minimal assistance	
Likes: observing music therapy	
Dislikes: physical contact, not included	

Lead Review Completed: _____

Staff: Maria Hetchler
Date: 10/9/2022

Service Recipient: Alex. S.
Service Span: _____

Outcomes:

Outcome #1: once awake choose agame participate
Summarize Steps: 5 minutes or longer

Outcome #2: Waiting choose wheather to watch
Summarize Steps:

Communication Style: facial expressions, reaching object, pushing away does not like

Learning Style: appears to be 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: Amoxicillin & ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: seizure control w/ medication
Choking: ☒ No ☐ Yes	Describe Supports: at risk of choking IF eating too fast
Specialized Diet: ☒ No ☐ Yes	Describe Supports: reg calorie dite bite foods
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett Syndrome DNR/DNI: ☒ No ☐ Yes Hypotonia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff receving training for passing meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: transfer belge, sit on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: risk injury from falling, as can be unsteady uses manual wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: ~~NA~~ tactile defense, tell whats happening before hand
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to: his family, inform him bA teaching, meetings, get into community

Important for: receive care from staff he know, bearing weight in to argo

Likes: observe, listening music, being social community

Dislikes:

dt

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 10.11.2022

PAI

Service Recipient: ALEX SUBIAGA
Service Span: SEPT. 22 - SEPT. 23

Outcomes:

Outcome #1:	1X A WEEK, ALEX WILL CHOOSE A GAME TO PARTIPATE
Summarize Steps:	IN FOR 5 MINS.
Outcome #2:	DAILY, ALEX WILL CHOOSE WHETHER HE WOULD LIKE TO.
Summarize Steps:	WATCH A TRAIN VIDEO OR JOIN GROUP.
Communication Style:	FACIAL EXPRESSIONS, EYE GAZING
Learning Style:	KINESTHETIC, 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: AMOXICILLIAN, CEFTRAXONE SODIUM
Seizures: ☒ No ☐ Yes	Describe Supports: SEIZURE DISORDER, DROP SEIZURES
Choking: ☒ No ☐ Yes	Describe Supports: RISK OF CHOKING, DROP SEIZURE WHILE EATING
Specialized Diet: ☒ No ☐ Yes	Describe Supports: REG. CALORIE DIET, BITESIZE PIECES
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ATYPICAL RITETT SYNDROME, HYPTOMA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: STAFF TRAINED ON PASSING MEDS
Personal Cares: ☒ No ☐ Yes	Describe Supports: ARJO, SITS ON TOILET FOR 15 MINS.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: RISK OF FALLING - UNSTEADY, W/C - MOBILITY, STAFF PROPEL W/C
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY,
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: VISUAL IMPAIRMENT, TACTILE DEFENSIVENESS
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to:	FAMILY, HAVE STAFF INFORM THM BEFORE MOVING MEALTIME
Important for:	CARE FROM PEOPLE WHO KNOW THM, MEALTIME, DIETARY ORDERS, SEIZURE PROTOCOL
Likes:	ACTIVITIES, PARTICIPATING/LISTENING TO MUSIC, MEALTIMES
Dislikes:	PHYSICAL CONTACT, HOT TO LONG, FEELING LEFT OUT

Lead Review Completed: _____

Staff: Natalie Johnson
Date: 10-11-2022

Service Recipient: Jordan Holm
Service Span: Sep22-23

Outcomes:

Outcome #1: Twice a week choose an instrument to play or.
Summarize Steps: learn about

Outcome #2: Daily, Jordan will choose which sensory item he would like to use for the day
Summarize Steps:

Communication Style: facial expressions, vocalizations, gestures, use pointing

Learning Style: auditory, visual, kinestetic

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: history. – Call 911 for seizure activity
Choking: ☒ No ☐ Yes	Describe Supports: Risk if nutrition is not given via g-tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nutrition and liquids via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: iron deficiency anemia, GERD, Cornelia de Lange syndrom DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass via g-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, hoyer/in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight, staff propel his wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 - staff demonstrate safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment - over stimulated
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self-injurous behaviors. hand chewing/withering
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA
Important to: family, staff that know him well, religion, teeth, involved, outside	
Important for: dietary Protocol, Seizure Protocol,	
Likes: fidget, looking out the window, going for walks	
Dislikes: anxious/pain, hectic environments, having gas	

Lead Review Completed: dt

Staff: ERIN SANDSTROM
Date: 10.11.2022

PAI

Service Recipient: JORDAN HOLM
Service Span: OCT. 22 – OCT. 23

Outcomes:

Outcome #1: 2X A WEEK, JORDAN WILL CHOOSE AN INSTRUMENT.
Summarize Steps: TO PLAY OR LEARN ABOUT.

Outcome #2: DAILY JORDAN WILL CHOOSE WHAT FIDGET OR SENSORY
Summarize Steps: ITEM HE WOULD LIKE.

Communication Style: FACIAL EXPRESSIONS, VOCALIZATIONS, GESTURES, EYE POINTING

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: FOR SEIZURES, 911 FOR ANY SEIZURE ACTIVITY
Choking: ☒ No ☐ Yes	Describe Supports: NUTRITION VIA G-TUBE
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NUTRITION VIA G-TUBE. FOLLOW ORDERS
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes GERD, ANEMIA, CORNELIA DE LANGE SYNDROME
Medication at PAI: ☒ No ☐ Yes	Describe Supports: VIA-GTUBE, STAFF TRAINED ON MEDS
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, INCEILING TRACK SYSTEM, MAT TABLE
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNABLE TO BEAR WEIGHT, STAFF PROPER H/L
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: VISION IMPAIRMENT, OVERSTIMULATION, VERBAL EXPLANATIONS
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB'S - HAND CHEWING, WITHDRAWL - VERBAL REDIRECTION
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: FAMILY, RELIGION, INVOLVED, COMFORTABLE

Important for: DIETARY PROTOCOL, PEOPLE WHO KNOW HIM.

Likes: FIDGETS, STAFF, QUIET ENVIRONMENTS, WALKS

Dislikes: ANXIOUS OR PAIN, GAS PAINS, HECTIC ENVIRONMENTS

Lead Review Completed: ____

Staff: Shelly Nierad
Date: 10.11.22

Service Recipient: Jordan
Service Span: 10/22 - 10/23

Outcomes:

Outcome #1: Choose instrument to play or learn about - 2x week.
Summarize Steps:

Outcome #2: daily what fidget/sensory item for day
Summarize Steps:

Communication Style:
facial, expressions, vocalizing, eye gazing

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: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: history of few seizures, call 911
Choking: ☒ No ☐ Yes	Describe Supports: increase risk if not thru g-tube.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nutrition via G-tube - Follow orders.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: iron def., anemia, gerd — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff pass via G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief, hoyer/mat table, full assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight - full assist
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision impairment, over-stimulation.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB's - offer redirection
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
family, religion, outside

Important for:
dietary & seizure protocol

Likes:
fidgets, looking out window, quiet environments.

Dislikes:
anxious or in pain. hectic environments.

Lead Review Completed: dk

Staff: Kia L. Bauch

Date: 10/11/22

Service Recipient: Jordan H.

Service Span: Oct 22/Oct 23

Outcomes:

Outcome #1: 2x weekly, choose an instrument Summarize Steps:
Outcome #2: Daily, choose a fidget Summarize Steps:
Communication Style: facial expressions, vocalizations
Learning Style: auditory, visual, Kinestetic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☑ No ☐ Yes	Describe Supports: History of few seizures
Choking: ☑ No ☐ Yes	Describe Supports: increase in risk of choking
Specialized Diet: ☑ No ☐ Yes	Describe Supports: nutrition via g-tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Iron deff. GERD DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: staff dispense medications via g-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief, in-ceiling track
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unable to bear weight, staff support him
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: vision impairment, overstimulation
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: self-injurous behaviors
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A
Important to: family, religion outside	
Important for: dietary protocol	
Likes: fidget, staff that know him	
Dislikes: anxious, having gas, hectic environments	

Lead Review Completed: dt

Staff: Colette Rice
Date: 10.11.22

Service Recipient: Jordan H.
Service Span: Oct 22 → Oct 23

Outcomes:

Outcome #1: 2x week, choose an ind instrument. Summarize Steps:
Outcome #2: Daily, choose a fidget. Summarize Steps:
Communication Style: facial expressions, vocalizations
Learning Style: auditory, visual, kinestetic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: history of few seizures
Choking: ☒ No ☐ Yes	Describe Supports: increase risk of choking if not fed via g-tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: nutrition via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Anemia Iron defi., gerd DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff dispense meds via g-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight, propel wheelchair for him
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1. Community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: vision impairment, overstimulation
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to: family, Religion, Spending time outside	
Important for: dietary protocol	
Likes: fidgets, quiet environments	
Dislikes: anxious, having gas, hectic environments	

Lead Review Completed: [signature]

Staff: Deanne Lepley
Date: 10-11-22

PAI

Service Recipient: Jordan Holm
Service Span: Oct 2022-Oct 2023

Outcomes:

Outcome #1: Jr will choose an instrument to play or learn about. Summarize Steps:	w/ assistance from staff
Outcome #2: Jordy, choose what fidget or sensory item he would like to use for the day. Summarize Steps:	
Communication Style:	facial expression, vocalization, gestures + eye pointing
Learning Style:	appears to be 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: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: History of few seizures
Choking: ☒ No ☐ Yes	Describe Supports: ~~Is~~ at risk of Nutrition not given via G-tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nutrition + liquids via G-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency, Anemia Cornelia, Larsin Syndrome, GERD DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass it via G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, hoyer or in-house ceiling system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight. Unable to propel w/c independently
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment Overstimulation
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior hand chewing / biting
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: family, Religion, spending time outside

Important for: dietary Protocol; Seizure protocol

Likes: having fidget or something to do w/ his hands, suns for walks

Dislikes: being anxious or in pain, having gas, not being included in what is going on around him, being in hectic environments

Lead Review Completed: _____

Staff: Summer M

Service Recipient: Jordan H.

Date: _____

Service Span: _____

Outcomes:

Outcome #1: 2x weekly Jordan will choose an instrument.
Summarize Steps:

Outcome #2: Daily will choose fidgit to use for day.
Summarize Steps:

Communication Style: facial expr vocalization, eye pointing

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: History of few seizures - call 911
Choking: ☒ No ☐ Yes	Describe Supports: risk if nutrition isn't given through g tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: nutrition / liquid in g tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency, gerd, Cornelia de Lange DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: pass through G tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: DS possible brief, uses in ceiling lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Unable to bear weight, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in comm. staff demonstrate safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: vision impairment, over stimulation
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: SIB, hand chewing - staff other sensory redirection
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: family, religion, time outside

Important for: people who know him, dietary protocol

Likes: looking out window, going for walks

Dislikes: loud environments, being in pain

Lead Review Completed: _____ dk

Staff: Betsy
Date: 10/11/2022

Service Recipient: Jordan
Service Span: 10/2022 - 10/2023

Outcomes:

Outcome #1: 2x wkly choose instrument to play
Summarize Steps:

Outcome #2: Daily, choose fidget or sensory item
Summarize Steps:

Communication Style:
facial expressions, vocalizations, gestures, eye pointing

Learning Style:
Auditory, visual/Kinesthic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: few seizures call 911
Choking: ☒ No ☐ Yes	Describe Supports: NPO G-Tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: G-Tube - all liquids + nutrition
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency anemia Cordelia de Lange syndrome GERD — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: meds thru G-Tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: briefs, hoyer, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can't bear weight staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 staff assist
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision impairment, over stimulation explain what showing him, calm environment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious Hand chewing
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to:
family, religion, involved, comfortable, being outside

Important for:
dietary & seizure protocols, people who know him well

Likes:
fidgets, staff that know him, looking out window, walks

Dislikes:
anxious or in pain, having ges, hectic environment

Lead Review Completed: dk

Staff: [illegible]
Date: 5/4/22

PAI

Service Recipient: [illegible]
Service Span: [illegible]

Outcomes:

Outcome #1: [illegible] Summarize Steps:	
Outcome #2: [illegible] Summarize Steps:	
Communication Style:	facial expressions, VO activities, eye pointing
Learning Style:	kinesthetic, auditory, visual

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: [illegible] allergy staff will call 911 if [illegible] seizure
Choking: ☒ No ☐ Yes	Describe Supports: [illegible] chewy if [illegible] VCA NA
Specialized Diet: ☒ No ☐ Yes	Describe Supports: [illegible] via GT. Staff will follow [illegible]
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: [illegible] DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff [illegible]
Personal Cares: ☒ No ☐ Yes	Describe Supports: [illegible]
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: [illegible] wheelchair. staff assist with wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff [illegible]
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: [illegible] staff assist [illegible]
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff [illegible]
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to:	family, religion, [illegible]
Important for:	[illegible]
Likes:	[illegible]
Dislikes:	[illegible]

Lead Review Completed: [illegible]

Staff: Ad Cox

Date: 10/12

PAI

Service Recipient: Jordan H

Service Span: 10-22 / 10-23

Outcomes:

Outcome #1: Play an instrument of his choice by
Summarize Steps: staff assistance

Outcome #2: Choose a fidget daily
Summarize Steps:

Communication Style: Auditory, Visual, Kinesthetic

Learning Style: Facial Expression, Eye Pointing, Vocalizations

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: History of few Seizures Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Risk of choking is not G-Tube Everything by G-Tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes GERD Iron Deficiency Anemia Cornelia de Lange
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass meds via G-Tube, Trained
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, Hoyer or max, Full Assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight or independently move
Community Support: ☒ No ☐ Yes	Describe Supports: Provider + Fam
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Vision Impaired, Over stimulation, assist to calm
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Hand chewing, withdrawing from sensory
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: Family, Religion, involved, Being Comfortable, Time outside

Important for: Dietary Protocol, Seizure Protocol, People who know him

Likes: Fidget, something to do w/ Hands, Family, Staff looking and talking, Walks, Quiet

Dislikes: Anxious, Pain, hectic environment

Not being included

Lead Review Completed: dt

Staff: Jill Sales
Date: 10-11-22

PAI

Service Recipient: Jordan Holm
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: 2x wk, Jordan chose instrument to play or learn
Summarize Steps: about w staff assistance

Outcome #2: Daily he will choose what fidget he wants.
Summarize Steps:

Communication Style: facial expression, vocalizations, gestures & eye pointing

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: history of new seizures, call 911 for any seizure
Choking: ☑ No ☐ Yes	Describe Supports: @ risk of choking if nutrition not given through G tube
Specialized Diet: ☑ No ☐ Yes	Describe Supports: nutrition & liquid via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency, GERD, Cornelia de Lange Syndrome DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff trained on g-tube med admin prior to passing meds
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable briefs, mat table, in ceiling track system - full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight, or propel chair independently
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, stimulation, assist to quiet location
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: deep sensory or redirection self injurious behaviors, hand chewing, withering
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NA

Important to: family, religion, outside, comfort, being involved

Important for: dietary & seizure protocol, being w/ people who know him well

Likes: fidget or something with hands, quiet environment, walks, looking out window,

Dislikes: pain/gas, hectic environment, anxious, not being included

Lead Review Completed: _____

Staff: Emily Olson

Date: 10/11/22

Service Recipient: Jordan Holm

Service Span: 10/22-10/23

Outcomes:

Outcome #1:	
Summarize Steps:	2x week, Jordan will choose an instrument to play/learn
Outcome #2:	
Summarize Steps:	daily, Jordan will choose a fidget/sensory toy
Communication Style:	facial, vocalizations, gestures, eye pointing
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 N/A	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: history of few/call 911
Choking: ☒ No ☐ Yes	Describe Supports: g tube only/choking risk orally
Specialized Diet: ☒ No ☐ Yes	Describe Supports: g-tube only
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: irondeficroyanemid, CDLS, gerd DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass/g tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief, hoyer/lift, mat table, full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight/propel chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, overstimulation/Staff verbally explain
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurous behaviors, staff try to redirect
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports: N/A
Important to:	family, religion, involved/comfortable, Outside
Important for:	dietary protocol, seizure protocol, people who know him well
Likes:	fidgets, staff that know him, looking outside, quiet, walks
Dislikes:	anxiety, pain, gas, being excluded, hectic environments

Lead Review Completed: dk

Staff: Morgan

Date: 10/11/22

Service Recipient: Jordan H.

Service Span: _____

Outcomes:

Outcome #1: Choose instrument to learn about

Summarize Steps:

Outcome #2: Choose a fidget

Summarize Steps:

Communication Style:
facial expressions, vocalizations

Learning Style:
auditory 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: none
Seizures: ☒ No ☐ Yes	Describe Supports: 1:1 for any activity
Choking: ☒ No ☐ Yes	Describe Supports: choking risk if not given via G tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: nutrition via G tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: anemia, GERD. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: dispense med, via G tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, hoyer, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: cant bear weight, propel chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1, appropriate skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: overstimulation
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: hand chewing.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to:
family, being outside, religion

Important for:
protocols

Likes:
looking out windows, walks

Dislikes:
not being included, having gas

Lead Review Completed: dk

Staff: Lisa Young
Date: 10·11·2022

PAI

Service Recipient: Jordan Holm
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: 2 x week instrment play, learn about with assistance from staff.	
Outcome #2: Daily. fidget or sensory item use for the day.	
Communication Style: Facial expressions, vocalizations, gestures & eye pointing	
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: Staff will call 911
Choking: ☐ No ☐ Yes	Describe Supports:
Specialized Diet: ☐ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency. Anemia. Cornelia de Lange Syndrome. DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: G-tube
Personal Cares: ☐ No ☐ Yes	Describe Supports: Brief. hoyer. in-ceiling track system mat table.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Unable to bear weight Unable propel wheelchair. Support during transfer.
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Vision.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Self - Injurous behavior Hand chewing
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: Family. Religion. Involved. Being comfortable. Spending time outside	
Important for: Dietry. Seizure. Being with the people who knows him well.	
Likes: Something to do with hands. looking out window.	
Dislikes: Anxious or in pain.	

Lead Review Completed: dk

Staff: Laura Stacken
Date: 10/11/2022

PAI

Service Recipient: Jordan H.
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: Twice a week, Jordan will choose an instrument to play
Summarize Steps:

Outcome #2: Daily, Jordan will choose what fidget or sensory item he would like
Summarize Steps:

Communication Style: facial expressions, vocalizations, gestures & eye gazing

Learning Style: appears to be 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: Staff will call 911
Choking: ☒ No ☐ Yes	Describe Supports:
Specialized Diet: ☒ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron def, anemia, Cornelia de Lange Syndrome, GERD — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Via G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, hoyer - inceiling track system, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight. Unable to propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision impairment, overstimulation,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurous behaviors Hard chewing
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to: Region, Family, being involved, comfortable outside time

Important for: dietary Protocol, Seizure Protocol Peoplewho know him

Likes: fidget or something to do w/ his friends

Dislikes: anxious or in pain

Lead Review Completed: dr

Staff: Laura Stacken
Date: 10/11/2022

Service Recipient: Alex S
Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1: once a week, Alex will choose a game to participate in for 5min
Summarize Steps:

Outcome #2: Daily, Alex choose whether he would like to watch a train video or join a group.
Summarize Steps:

Communication Style: facial expressions, reaching for desired objects, pushing away what he does not like, eye gazing

Learning Style: appears to be kinesthetic & 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: Amoxicillin & ceftriaxone sodium
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure disorder partially controlled
Choking: ☒ No ☐ Yes	Describe Supports: at risk of choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Reg calorie diet bite size
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Atypical Rett syndrome, hypotonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff have received training on medication
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transfers using arjo, will sit on toilet 15min
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk of injury.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: visual impairment, tactile defensiveness
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: his family, staff that know him well, mealtimes, community

Important for: eating, care from people that know him, bearing weight on arjo, seizure protocol

Likes: activities, music, social environments.

Dislikes: physical contact.

Lead Review Completed: ak

Staff: Maria Hatcher
Date: 10/13/22

PAI

Service Recipient: Jordon H.
Service Span: _____

Outcomes:

Outcome #1: Twice a week Choose instrument
Summarize Steps:

Outcome #2: Daily Choose sensory item
Summarize Steps:

Communication Style: Facial expression, vocalization, eye gazing.

Learning Style: Appears to Auditory

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: history of few seizure staf call 911
Choking: ☒ No ☐ Yes	Describe Supports: risk of choking if not giving via gtube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nutrision & liquid via gtube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron dificiency animea DNR/DNI: ☒ No ☐ Yes Cornellia de lange syndrome, .
Medication at PAI: ☒ No ☐ Yes	Describe Supports: pass meds via G tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposible brif, hoyer, wat tabe
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable bear weight, Reunabe propke wheeldair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Vision Im pairment, overstimulation
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: hand chewing, help him ov
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NA

Important to: Family, Relagion, Involved, Comfortable, Spend time outside

Important for: dietary protocol, being w/ people know him well

Likes: his fidgets, working w/staff he knows, looking out window

Dislikes: being in pain, having gag

Lead Review Completed: dl