



In-Service Training Log – Oakdale

Date:

10/11/2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Amanda Diaz			LB comp quiz
.5	Maurita sweeney			MH Comp quiz
.25	Cortney Kelly			TR semiannual review

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	PD		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	TZ		Lorsung, Tristen
	KP		Perry, Kathy
	MS		Sweeny, Maurita

Make up Date	Initial	EE ID	Last Name
	KY		Yang, Katrina

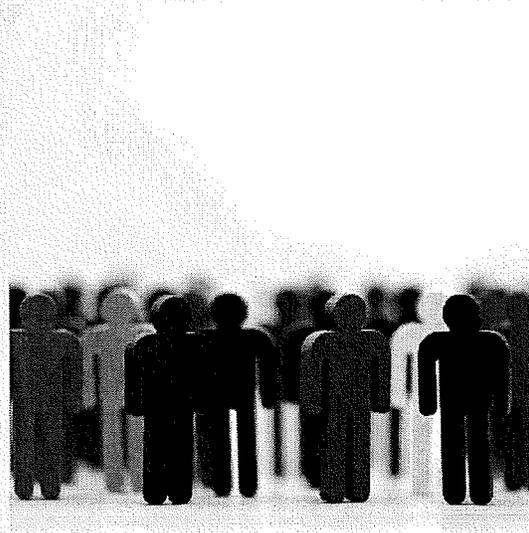
Make Up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
	AS		Shirley, Ashleigh
	CK		Cortney Kelly

Make up Date	Initial	EE ID	Other Attendees
11/4/22	CB		Cindy Bray

22

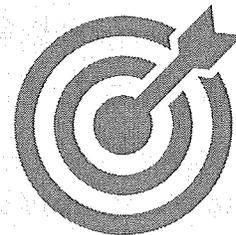
PAI-Oakdale Team Meeting

10.11.2022



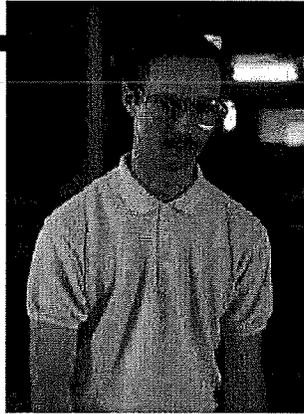
Agenda

Competency Reviews
Semi-Annual
Site Updates
Wrap Up

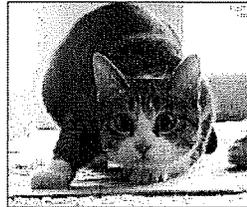


Site Updates:

-Retention Bonus Week!



Potluck?
Bring delicious foods?



Libby (Liberachi) Broadbent September 2022- September 2023

Outcome #1 Daily, Libby will choose a staff to do sensory activities within 75% of opportunities over a 6- month period. Using the ipad or picture board, staff will offer two choices. Once Libby chooses, staff will honor that choice.

Outcome #2: Monthly, Libby will choose an item to purchase when in the community in 80% of opportunities in a 6- month period.

Using the ipad or picture board, staff will offer two choices. Once Libby chooses, staff will honor that choice.

Communication Style: Eye gazing, reaching pushing items, smiling

Learning Style: Routine and Repetition

Allergies: ■ No □ Yes	List & Describe Supports: Seasonal allergies
Seizures: ■ No □ Yes	Describe Supports: Tonic-clonic seizures. Libby has a VNS and a PRN medication
Choking: ■ No □ Yes	Describe Supports: Has a history of choking. Libby may try to put large amounts of food into her mouth and may need to be reminded to "slow down" and "chew". Libby sits in her wheelchair and uses her tray and shoulder straps during meals. Libby drinks with a straw cup, regular plate and spoon.
Specialized Diet: ■ No □ Yes	Describe Supports: Mechanical soft food and chopped diet. Libby has a high pallet and may put large amounts of food into her mouth and may not always fully chew food.
Chronic Medical Conditions: ■ No □ Yes	List & Describe Supports: DNR/DNI: ■ No □ Yes Asthma (does have an inhaler in Voyager and in her backpack), Chromosome 4 Partial Trisomy 4p, Severe Intellectual Disability, Hypertonicity, Spastic Quadriplegia ,GERD
Medication at PAI: ■ No □ Yes	Describe Supports: Libby has a PRN seizure med and an <u>inhaler</u> . Libby does not take any scheduled medication at PAI

Personal Cares: ■ No □ Yes	Describe Supports: Libby uses the ARJO for cares. Libby utilizes a disposable brief and uses the cares room every two hours. Libby prefers to use the mat table when her clothes are wet due to emesis. Libby is a 1- person transfer or a 2-person side by side.
Mobility/Fall Risk: ■ No □ Yes	Describe Supports: Libby's chronic medical conditions impact her ability to be safely mobile on her own. Libby uses a wheelchair for mobility that is propelled by others. Libby's wheelchair is equipped with a lap belt and shoulder straps for positioning and foot pedals to elevate her feet.
Community Support: ■ No □ Yes	Describe Supports: 1:1 in the community, staff will model appropriate community behavior
Sensory Support: □ No □ Yes	List & Describe Supports: NA
Behavior Support: □ No □ Yes	List & Describe Supports: NA
Unsupervised Time: ■ No □ Yes	Describe Supports: No unsupervised time

Important to: Meaningful and social interactions with caregivers, friends, family, the chance to make choices, to go out into the community, that she is not rushed, adequate meals, sensory activities, and staff that have an upbeat tone of voice

Important for:

To be as independent as she is able with all tasks, to help with her transfers, to continue to bare weight and maintain good muscle tone, that small objects are not nearby for her to put in her mouth, as she could accidentally swallow it.

Likes: Libby enjoys one-to-one-time, sensory activities, group activities, visiting with friends, holding hands, spending time with the Pet Therapy dog (Legacy), painting, doing crafts, watering flowers, listening to piano music, going on community outings (Gorman's, Kiln Creations and Como Zoo), dancing, making choices and spending time in her stander

Dislikes: : Libby does not like to be rushed; she shows this frustrates her by wiggling her hips. Sometimes Libby does not like plain water as indicated by not drinking it and cookies as indicated by not eating them.

Staff: Maurita Sweeney

Date: October 11, 2022



Service Recipient: Mary Jo Huberty

Service Span: August 2022 to August 2023

Outcomes:

Outcome #1 Mary Jo will choose a sensory activity to participate in by using a switch in 80% of all opportunities.

Staff will rerecord options onto mac switches and place them in her visual range close enough that she can hit one of the buttons to make her choice. Staff may use hand over hand assistance to show Mary Jo what her choices are when she hits the switch. Options will be changed daily to learn her preferences.

Outcome #2: Mary Jo will use her gait trainer in 85% of all opportunities.

Staff will approach Mary Jo with an upbeat tone and ask her if she would like to use her gait trainer. If she does not want to use it, staff will ask later in the day. If Mary Jo uses her vocalizations to indicate yes, the outcome will be documented as "Y" for achieved. If, later in the day, her communication indicates she does not want to walk the outcome will be documented as a "N" for not achieved.

Communication Style: Mary Jo communicates with vocalizations, eye pointing, switches, and gestures, Mary Jo understands short verbal questions or directives paired with physical cues.

Learning Style: Mary Jo learns through routine and repetition. She is best supported with verbal and physical cues in an upbeat tone of voice.

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Second & third hand smoke, latex band aids. Mary Jo will limit her direct contact with a staff person who has been smoking or exposed to secondhand smoke for 30 minutes after smoking. Mary Jo will use latex free band aids. Concerns about allergies will be reported to the support team.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Mary Jo does not have seizures.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo has a physician order for pureed foods and nectar thick liquids. Mary Jo doesn't have any teeth to chew her food and my pocket food in her which puts her at risk for choking. Mary Jo does not have the fine motor skills to feed herself or cut up her own food. Mary Jo eats at the table with arms at the table. Mary Jo is assisted from her right side with hand over hand assistance for 20-30 minutes with 20-30 seconds between bites and sips. Liquid is spoon fed to her. She used a small mother care spoon, sectioned plate, and regular cup. Concerns regarding choking/diet will be reported to her team.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed with Nectar thickened liquids. Mary Jo can recognize when her food texture is too hard to process and display displeasure. Mary Jo does not have the fine motor skills to feed herself or cut up her own food.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anemia, Constipation and bowel Obstruction, GERD, Hernia, History of Ear Infections, Stroke. Staff will report any concerns residential provider regarding anemia. Staff will document Mary Jo's eliminations in her communication book. Staff will allow Mary Jo to take a slow pace when walking/transferring. Staff will report concerns with hearing to residence. Staff will give Mary Jo opportunities to rest throughout the day. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo does not take medications at PAI. Mary Jo takes her medication crushed in applesauce or pudding. Staff inform her of the medication she is being given. She is assisted in having her gums brushed after eating lunch.

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo is unable to transfer or support herself independently. Mary Jo is able to bear weight. Mary Jo will hold the bar in the cares room and utilizes the support of two staff. She may also use a mat table at chair height to transfer from her wheelchair or a pivot transfer to the toilet as needed for cleaning needs.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo is able to bear weight and stand with assistance of two staff. She is cooperative with staff in using a transfer belt and/or pivot transfers. Mary Jo wears AFOs the
Mobility Issues: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo accepting of full support in propelling her wheelchair and securing her seatbelt and chest strap. She wears AFOs the duration of her program day. Mary Jo may experience discomfort relating to arthritis in her spine. Staff will notify the residence of any concerns. Mary Jo has a gait trainer she is supported in using daily. Two staff will transfer Mary Jo with a gait belt to the gait trainer and secure the wrist, midsection, and seat straps prior to walking.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo can indicate preferences by vocalizations and eye gaze. Mary Jo is encouraged and supported in interacting and creating positive relationships with others she encounters. Staff will model appropriate pedestrian safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mary Jo is accepting of tactile cues as needed. Mary Jo does not have useful vision in her right eye and is legally blind.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mary Jo may suck her index finger for a prolonged time leading to breakdown on her fingers and infection. Mary Jo has an anxiety disorder and may show symptoms of yelling & loud vocalizations for extended periods of time (15 minutes or more) Mary Jo is supported with redirection and conversation when anxious or sucking her finger. Concerns regarding Mary Jo's behavior will be reported to her residence.

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo has no unsupervised time.
Important to: It is important to Mary Jo to have relationships with family and friends, preferred foods & beverages, sensory activities, opportunities for chatting with others and listening in on conversations, Special Olympics, Disney Music & Movies, opportunities to go outside when weather is nice.	
Important for: It is important for Mary Jo to be repositioned frequently, to be active and walking daily, changing as soon as possible when soiled, being offered a beverage throughout the day.	
Likes: Mary Jo likes being called "princess", "Jo Jo" and "MJ", Disney movies & music, bowling, shopping at Target, Bakers Squar, Special Olympics, activities with friends & family, sweets (pie and ice cream are favorites) mashed potatoes, yogurt, music, specifically The Beatles, Older Country Music, and Folk.	
Dislikes: Mary Jo dislikes outings in large groups, sitting in the same manner for extended periods of time as she gets stiff, people being too close to her when she is upset, food of varying consistency as it is hard for her to process, tuna, or peanut butter.	

Semi-Annual Reviews

Tish's Outcomes:

#1: Daily, Tish will practice ASL signs with staff for at least 3 minutes in 70% of all opportunities until next review.

- When Tish is ready to work on learning ASL she will let staff know or staff will ask Tish "are you ready to work on some ASL signs?"
- Staff will ask Tish if she remembers any signs and ask her to demonstrate them.
- Staff will review the signs they have been working on- demonstrating them, reviewing what they mean, and giving Tish a chance to try them.
- Staff will show Tish at least one new sign a day.

#2 Monthly, Tish will invite a peer to go on a chosen outing with her, 70% of opportunities until next review.

- Prior to the start of a new month, staff will let Tish know what outcomes are planned for the following month and help Tish pick one that she would like to attend.
- Once Tish has picked an outing, staff will ask Tish if she would like to invite a friend to go with her.
- Tish will visit another program room and ask a friend if they would like to attend the same outing as her.

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: Amanda Diaz



Service Recipient: LB

Date: 10/11/2022

Service Span: Sept. 12 - Sept 13

Outcomes:

Outcome #1 Daily, Libby will choose a staff to do sensory activities within 75% of opportunities over a 6- month period.
Outcome #2: Monthly, Libby will choose an item to purchase when in the community in 80% of opportunities in a 6-month period.
Communication Style: Eye gazing, reaching pushing items, smiling
Learning Style: Routine and Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tonic-clonic seizures. Libby has a VNS and a PRN medication
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a history of choking. Libby may try to put large amounts of food into her mouth and may need to be reminded to “slow down” and “chew”. Libby sits in her wheelchair and uses her tray and shoulder straps during meals. Libby drinks with a straw cup, regular plate and spoon.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft food and chopped diet. Libby has a high pallet and may put large amounts of food into her mouth and may not always fully chew food.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> • Asthma (does have an inhaler in Voyager and in her backpack) • Chromosome 4 Partial Trisomy 4p • Severe Intellectual Disability • Hypertonicity • Spastic Quadriplegia • GERD
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Libby has a seizure med and is accepting of supports in this area. Libby does not take any medication at PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Libby uses the ARJO for cares. Libby utilizes a disposable brief and uses the cares room every two hours. Libby prefers the to use the mat table when her clothes are wet due to emesis. Libby is a 1- person transfer or a 2-person side by side.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Libby’s chronic medical conditions impact her ability to be safely mobile on her own. Libby uses a wheelchair for mobility that is propelled by others. Libby’s wheelchair is equipped with a lap belt and shoulder straps for positioning and foot pedals to elevate her feet.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community, staff will model appropriate community behavior
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to: Meaningful and social interactions with caregivers, friends, family, the chance to make choices, to go out into the community, that she is not rushed, adequate meals, sensory activities, and staff that have an upbeat tone of voice	
Important for: To be as independent as she is able with all tasks, to help with her transfers, to continue to bare weight and maintain good muscle tone, that small objects are not nearby for her to put in her mouth, as she could accidentally swallow it.	
Likes: Libby enjoys one-to-one-time, sensory activities, group activities, visiting with friends, holding hands, spending time with the Pet Therapy dog (Legacy), painting, doing crafts, watering flowers, listening to piano music, going on community outings (Gorman's, Kiln Creations and Como Zoo), dancing, making choices and spending time in her stander	
Dislikes: : Libby does not like to be rushed; she shows this frustrates her by wiggling her hips. Sometimes Libby does not like plain water as indicated by not drinking it and cookies as indicated by not eating them.	

Lead Review Completed: _____

Staff: Kathy Perry
 Date: 11-2-22



Service Recipient: Libby Broadbent
 Service Span: 9/22-9/23

Outcomes:

Outcome #1	<u>Will choose stagg to do sensory act. with 7590-6mo using WAA or picture board, stagg offer 2 choices</u>
Outcome #2:	<u>Monthly will choose an item to purchase in the community</u>
Communication Style:	<u>Eye gazing, reaching for or pushing items away Smiling</u>
Learning Style:	<u>Routine + repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal VNS and PRN</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic/clonic VNS/PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of Choking - may try to put lg amounts in mouth. Remind to "slow down & chew" Sets in w/c & uses tray & shoulder straps, lg plate + spoon. Straw & cup</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft + chopped. Has high pallet & may put too much in mouth + not chew</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Asthma - inhaler in Voyage DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes & in her. Back Aack Chromozome 4 Partial Truamy, hypertonicity, GERD, spastic quadraplegia</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Seizure med + inhaler. No schedule Juel stagg assist</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ARFD, brief Prefers mat table 1 person transfer or 2 person side by side</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c propelled by others, lap belt + shoulder straps, foot pedals</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in comm.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>
Important to:	<u>meaningful + social interactions + caregivers, friends, family choices, out in comm, do not rush, adequate meals, sensory, w/c</u>
Important for:	<u>Being indep. as able, help + transfers, cont to bear wt + maintain muscle tone, small objects not near by - will put in mouth</u>
Likes:	<u>1:1 time, sensory + group act, visiting friends, holding hands, pet therapy painting, crafts, piano music, octopus, dancing, choices, Stander</u>
Dislikes:	<u>does not like to be rushed - shows this by wiggling her hips Does not like plain water, Cookies</u>

Staff: Trey G.

Date: 10/16/22



Service Recipient: LB

Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1	Daily libby will choose a staff to do sensory (75% opportunities, over 6-month period)
Outcome #2:	monthly, libby will choose an item to purchase when in the community
Communication Style:	eye Gazing, reaching, pushing, smiling
Learning Style:	routine and repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tonic Clonic Seizures. libby has VNS and PEN med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has a history of Choking. remind to Slow down or Chew. Straw Cup, reg Plate
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft food and Chopped Diet. may not always fully Chew.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Asthma, Chromosome 4 DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Partial Trisomy 4, Severe Intellectual Dis, Hypertonicity, GERD, Spastic Quadriplegia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: libby has a seizure med. libby does not take any scheduled meds.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: libby uses Arjo for Cares. Utilizes Disposable Brief, uses Cares room every 2 hours, Peeters mat table when wet.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chronic med conditions impact her Condition to be safely mobile on her own.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the Community, Staff model appropriate Community behavior
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO unsupervised
Important to:	meaningful and social interactions with Care Givers, friends, family, community, not being rushed
Important for:	Independent, helps with Transfers, bare weight, Good muscle tone, keep small objects away
Likes:	1:1 Time, Sensory, Groups, friends, hand-holding, Per therapy, Crafts, Painting, Dancing
Dislikes:	rushed, frustrates (wiggles hips), does not like plain water and cookies.

Staff: Mari BP

Date: 10-11-22



Service Recipient: Libby B

Service Span: sep 22-23

Outcomes:

Outcome #1	Daily Libby will choose a staff to do sensory activities within 75% of opportunities using visual or picture cards, staff offer 2 choices
Outcome #2:	Monthly Libby will choose an item to purchase when in the community in 80% opportunities
Communication Style:	communication eye gazing, reaching/pulling items, smiling
Learning Style:	Routine & repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: seasonal allergy
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tonic clonic seizures has UNS & PAU
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has history of choking may try to put large amounts of food into her mouth, need reminders to slow down
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft food & chopped diet. Use high plate may not always chew food
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: The inhaler in bag in room. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes chromosome 4 partial trisomy 4p, severe ID, hypernatremia, specific cardiomyopathy
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has PRN & inhaler, doesn't take scheduled meds @ PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses and utilizes disposable bib, prefer not to be when clothes are wet person transfer or 2 person side by side
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cannot safely mobilize on her own, uses wheelchair for mobility use lap belt & straps for pushing
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: live in community, staff will model appropriate community behavior
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Not unsupervised Home
Important to:	meaningful social interaction w/ caregivers, friends, family not rushed/adequate meals, sensory activities
Important for:	to be independent as able w/ tasks help w/ transfers continue to wear wetsuit, small objects not in transfers
Likes:	1:1 time, sensory activities, w/ friends, held by hands pat therapy, puzzles & crafts, piano music, sensory
Dislikes:	being rushed, plain water, debility, & some clothes

Staff: Courtney Kelly
 Date: 10.11.2022



Service Recipient: Libby Broadbent
 Service Span: Sept 2022 - Sept 2023

Outcomes:

Outcome #1	Daily, libby will choose a staff to do sensory activities with - use ipad, offer 2 choices, honor choice
Outcome #2:	Monthly, Libby will choose an item to purchase when in the community. - use ipad, offer 2 choices, honor choice
Communication Style:	eye gazing, reaching/pushing, smiling
Learning Style:	Routine & Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies, report concerns home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: tonic-clonic - VNS + PRN/Protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History, large amounts of food - reminders to slow down, shoulder straps straw to assist
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft & chopped diet
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Asthma (inhaler in backpack), chromosom 4 partial trisomy 4p, Hypertonicity, spastic quad, GERD DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN seizure med & inhaler, no scheduled meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ARJO + full assistance, matt tube when clothes need to be changed
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair, propelled by others, lab tray, shoulder straps, foot pedals
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision, pedestrian safety, transportation, etc.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised time
Important to:	Social interactions, friends & families, choices, community time, friendly staff
Important for:	independence, help w/ transfers & bear weight, no small objects near by
Likes:	1:1 time, sensory activities, group activities, painting, crafts, music, outings, dancing
Dislikes:	rushed (frustration shown by wiggling hips), plain water, some cookies

Staff: Lisa Hartman

Date: 10-11-22



Service Recipient: Libby Broadbent

Service Span: Sept. 2022-2023

Outcomes:

Outcome #1	Daily, libby will choose a staff to do a sensory activity use iPad/picture board, offer 2 choices - libby chooses, staff will honor choice
Outcome #2:	Monthly, will choose an item to purchase in community use iPad/picture board, offer 2 choices, honor choice
Communication Style:	eye gazing, pushing items, smiling
Learning Style:	routine/repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>tonic-clonic has VNS + PRN med @ PAE</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hx choking - demand to slow down - (large items in mouth) tray/shoulder straps in w/c straw cup neg plate + spoon</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft + chopped high pallet - too much food, may not chew well</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Asthma - has inhaler in backpack + locked cab. in vov</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN med for seizure + inhaler Rx req sched. @ PAE</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ARJO for cues disp, brief, covers from mat table - w/c close it 1 person trans or 2 side by side</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c for mobility propelled by others leg belt shoulder straps for positioning + foot pedals</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in comm., staff model approx. comm. behavior</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unsupervised time</u>
Important to:	<u>meaningful soc. interactions, make choices, not rushed, go into comm. sensory activities</u>
Important for:	<u>help w/ transfers, bear weight, be independent</u>
Likes:	<u>1:1, sensory activities, painting/crafts, piano music, standing in steady, dancing</u>
Dislikes:	<u>being rushed, water, certain cookies</u>

Staff: Maura Sweeney

Date: 10.11.22



Service Recipient: Libby Broadbent

Service Span: Sept 22 '23

Outcomes:

Outcome #1	Choose to do sensory activities using iPad or picture board. Staff will offer 2 choices.
Outcome #2:	Libby will choose an item to purchase in the community monthly. Offer 2 choices.
Communication Style:	Eye gaze, reaching, pushing, smiling
Learning Style:	Routine + Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal Tonic Clonic HAS UNS and medication at PAI.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tonic Clonic HAS UNS and medication.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: hx of choking. May put large pieces of food in mouth. Used straw cup, peg plate
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanically soft, high palate, may not always chew food.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Asthma - inhaler in box <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes and back pack. GERD, Spastic Quad, Severe Intellectual Disability
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN med and inhaler. Does not take any scheduled meds.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ARJO, disposable brief, uses mat table when wet clothed, 1 person transfer or 2 person side by side
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wheel chair, lap belt, foot pedals, shoulder straps. Staff propel wheelchair!
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 staff model appropriate behavior in community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO unsupervised time.
Important to:	Social interactions, friends, family, chance to make choices, upbeat staff.
Important for:	Independent as able, to continue to bear weight, small objects are not nearby to put in mouth - choke
Likes:	Group activities, pet therapy, crafts, painting, flowers dancing, standing, making choices.
Dislikes:	Rushing, plain water, cookies by indicating of not eating them

Staff: Tristen Logsdun



Service Recipient: L.B.

Date: 10.11.22

Service Span: Sept. 22-23

Outcomes:

Outcome #1 <u>Daily, Libby will choose a staff to do sensory activities with</u> - offer 2 choices - honor choice
Outcome #2: <u>Monthly, Libby will choose an item to purchase while in community.</u> - offer 2 choices - honor choice
Communication Style: <u>eye gazing, facial gestures, reach/pulling items</u>
Learning Style: <u>routine & repetition.</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic (bionic), VNS? PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may try to eat to large bites, sits in chair with tray & straps during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>straw cup, reg. plate, & spoon. Mechanically soft/chop diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Asthma (has inhaler), chromosome 4 ^{spastic} <u>overd, quadraplegia, Hypertonicity</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>partial trisomy 11, severe ID,</u></u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN seizure med & inhaler no reg. schedule meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wipes Ac30, disposable brief, mat table when wet, lper. trans. or 2 side by side</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair propelled by others, lap strap, shoulder straps & foot pedals.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None close</u>

Important to: friends, family, chance to make choices

Important for: be independent as able to, base weight, help with her transfers

Likes: visiting friends, painting, pet therapy

Dislikes: rushed, plain water, and certain cookies.

Lead Review Completed:

Staff: Ashleigh Shirley
 Date: 10.11.22



Service Recipient: Libby
 Service Span: Sept 22-23

Outcomes:

Outcome #1 Daily Lib will choose sensory staff 75% opportunities offer choices then honor them

Outcome #2: monthly choose item to purchase

two choices then honor choice

Communication Style:
eye gazing, reaching, pushing, smiling

Learning Style:
routine & rep

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic-clonic seizures - VNS & PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>shoulder straps reminder to slow/chew</u> <u>hx of choking may put large amounts food in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mech soft / bite size, may not always</u> <u>straw cup / eq plate / spoon chew foods</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Asthma, chrom 4 part. enzyme, severe ID, Hypertonicity</u> <u>Spastic RP, Gerd</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN inhaler & seizure med</u> <u>NO routine meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Aric, disposable brief + caregiver room: 1 person</u> <u>prefers mat table when clothes soiled from emesis on 2 person side</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair for mobility that's propelled by</u> <u>other, lap belt & shoulder straps/foot pedals</u> side
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model community behavior & safety</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time.</u>
Important to:	<u>socializing, friends, fam, community, sensory, meals, Positive staff</u>
Important for:	<u>independence, bearing weight, choking risks</u>
Likes:	<u>1:1 time, sensory activity, holding hands, dogs, spending time in stander</u>
Dislikes:	<u>being rushed, plain water, certain cookies</u>

Lead Review Completed: [Signature]

Staff: Paris D

Date: 10/11/22



Service Recipient: Libby B

Service Span: 9/22-9/23

Outcomes:

Outcome #1	Daily, Libby will choose a staff to do sensory activities offer 2 choice using ipad or pic board honor choice
Outcome #2:	Monthly, libby will choose item to purchase in community offer 2 choices using ipad or pic board honor choice
Communication Style:	
Learning Style:	eye gazing, reaching, smiling, pushing away routine or repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tonic clonic (NNS @ pai)
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Encourage to slow down while eating
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mechanical soft and chopped diet (may not chew food)
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: GERD Gerd, Asthma (No inhaler) Quadriplegia DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure prn (No scheduled meds at PAI)
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses arip, disposable brief, 1 person transfer 2p side by side
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses wheelchair propelled by staff, belt and shoulder straps
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	Social interactions, no being rushed
Important for:	independence, bearing weight, keeping small objects away
Likes:	Craft, piano, music, outings, dancing, stander
Dislikes:	being rushed, plain water

Staff: Alfredo Zurro-Montes



Service Recipient: Libby B.

Date: 10-11-22

Service Span: Sept 22-23

Outcomes:

Outcome #1 Daily, Libby will choose a staff to do sensory activities with.

Using Ipad / picture board, staff offer 2 choices. Staff honor choice.

Outcome #2: Monthly, Libby will choose an item to purchase when in community.

Using Ipad / picture board, staff offer 2 choices.

Communication Style:
Eye gazing, reaching, pushing, smiles

Learning Style:
Routine / Repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic-Clonic. Has VNS PRN at PAI.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking, reminder to slow down/chew.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft foods, high pallet / may put large amounts of food in mouth.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Severe Intellectual Disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Hypertonicity.</u> <u>Asthma, Chromosome 4 partial Trisomy, GERD, Spastic Quadriplegia</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN / Inhaler, Does not take meds at PAI.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 person transfer / 2 person side by side.</u> <u>Uses Arjo for cares, disposable brief, prefers not to take when ST.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lap belt / shoulder straps.</u> <u>Libby's chronic medical conditions impact ability to be safely mobile.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model appropriate behavior.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None.</u>

Important to:
Meaningful / Social interactions, friends, family, make choices, not being rushed.

Important for:
To be independent, help w/ transfers, to continue to bear weight, no near small objects.

Likes:
1:1 time, sensory activities, group activities, visiting w/ friends, holding hands.

Dislikes:
Being rushed, certain cookies, plain water.

Staff: Katrina Y.

Date: 10-11-22



Service Recipient: Libby B.

Service Span: Sept 2022 - 23

Outcomes:

Outcome #1

Daily, Libby will choose a staff to do sensory activities within 75% trials over 6 months

Outcome #2:

Monthly, Libby will choose an item to purchase when in community in 80%

Communication Style:

eye gazing, pushing items, smiling

Learning Style:

routine & repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: tonic-clonic seizures; has VNS and PAV med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: straw cup, reg plate/brown history of choking; may put lots of food in mouth, reminders to slow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft diet, chopped; high pallet, may not over chew food
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes hypertonicity, spastic quadriplegia, GERD asthma, chrom 4 partial trisomy, severe intellectual disability
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAV seizure med, inhaler; no scheduled meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ARJO for cares, dispo brief; 1x assist transfer, 2x assist side by side
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair, lap belt, shoulder straps, foot pedals
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1; staff model appropriate behavior
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: n/a
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: n/a
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	adequate meaningful interaction w/caregivers, friends, family; making choices, patience, meals
Important for:	independence, transfer assist, maintaining good muscle tone
Likes:	1:1 time, sensory/group activities, visiting press, holding hands, crafts, music
Dislikes:	being rushed, plain water; will indicate dislikes

Staff: Sarah B
 Date: 11/4/22



Service Recipient: Libby
 Service Span: _____

Outcomes:

Outcome #1	Daily will choose a staff to do a sensory activity. - Use iPad offer 2 choices honor choices.
Outcome #2:	memory will choose an item to purchase in the community. - use iPad offer a choice. Honor choice.
Communication Style:	use gazing reaching touch Smiles
Learning Style:	Routine 2 step.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seasonal allergies repair home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: tonic clonic JNS PKH/proctol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Reminder to slow down shoulder stops
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft & chopped diet.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: asthma, chronic bronchitis, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes wrist lip hypertension spastic and partial
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN severe med. inhaler SMO schedule med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Avis full asst. malleable when need to be choice.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair propelled by others car tray navigation
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Supervision
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	social interactions friends family choices community. friendly staff
Important for:	Independence help w/ transfers bear weight h's small objects keys.
Likes:	1:1 time sensory activity group painting crafts music dancing
Dislikes:	hushed plain water some cereals

Staff: Corby Amy
 Date: 11/4/22



Service Recipient: Libby B
 Service Span: Sept 22/23

Outcomes:

Outcome #1 Daily Libby will choose staff to do sensory activity 75% opportunities.

Outcome #2: 12 months - choose items to purchase when in community.

Communication Style:
Eye gazing, reaching/pulling items, smiling

Learning Style:
Routine + repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic clonic, has VNS + PRN med</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may put in pieces of food in mouth. Verbal prompts to slow down + chew. Sits in wheelchair, use tray + shoulder straps.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft food + chopped.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Astma</u> <u>Chromosome 4 partial Trisomy 4</u> <u>Severe intellectual disability</u> <u>Hypertonia</u> <u>Geno Spastic quadriplegia</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure med - No others meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Argo, disposable briefs, leaves room every 2 hrs. 2 personal hot pads in preference hot table when clothes are wet. 1 personal blanket</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses a wheelchair that propelled by others - Lap belt Shoulder straps foot pedals</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community, staff will model appropriate behavior</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>make choices, communicating, sensory, not being rushed meaningful interactions with friends, family, caregivers.</u>
Important for:	<u>Be independent with tasks, help w/ transfers, bare weight.</u>
Likes:	<u>lil time, sensory activities, group activities, friends, pet therapy</u>
Dislikes:	<u>Being rushed, plain water and some cookies</u>

Staff: Shirley B
 Date: 10/4/20



Service Recipient: Mary JO
 Service Span: _____

Outcomes:

Outcome #1 choose sensory activity
present options on switch Use hand over hand to select

Outcome #2: gait trainer
approach upbeat tone ask later

Communication Style:
VOICIZATIONS eye pointing switches gestures

Learning Style:
routine keep. short verbal physical cues

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>2nd 3rd hand smoke latex no contact 30 min after smoke.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>puled diet never thick liquids no feet may protect right side</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hard one hand liquids on spoon.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Old Anemia bowel obstruction</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none @ Pai</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hold bars pivot transfer ^{or} people</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear weigh w/ asst. (used a fo's)</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>indicates by eye gazing or vocalizations</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>limited vision right eye tactile cues ^{accepts}</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>stuck index finger may yell due to anxiety</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>family friends going outside ^{desire} special</u>
Important for:	<u>repositioning gait trainer changes when ^{drinks} soiled</u>
Likes:	<u>called Princess, DDBO bowling target sheets music country</u>
Dislikes:	<u>large group ^{peanut butter} sitting a long period of time ^{people to} chest</u>

Staff: Carly B
 Date: 11/4/22



Service Recipient: Man Jo
 Service Span: Aug 22-23

Outcomes:

Outcome #1	Choose sensory activity using mc switch
Outcome #2:	Use Gait trainer 85% of opportunities
Communication Style:	eye gaze, vocalizing, hand gestures, laughing, smiling
Learning Style:	Routine, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 2 nd + 3 rd hand smoke, latex bandaids	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed food, thick liquids	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: small spoon, sectioned plate	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Gerd, Anemial bowel obstruction	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds at PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: hold bars, pivot transfer	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to bear weight w/ assistance. AF25	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Indicates preferences by eye gazing & vocalizing	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: limited vision in right eye, tactile cues accepted	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May yell due to anxiety, may stick index finger	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No un supervised time	
Important to:	Family, friends, Disney music, sensory, food & beverages	
Important for:	Repositioned frequently, being active	
Likes:	Being called princess, target, sweets, blowing	
Dislikes:	Large groups, thick food, sitting in same position for long times	

Staff: Courtney Kelly

Date: 10.11.2022



Service Recipient: Mary Jo Hobert

Service Span: Sept 2022 - Sept 2023
Aug Aug

Outcomes:

Outcome #1 Mary Jo will choose sensory activity to participate in
- present preset options on switch, use hand over hand to select

Outcome #2: Mary Jo will use her gait trainer
- approach in upbeat tone, if not, ask later

Communication Style: socializations, eye pointing, switches, gestures

Learning Style: routine & repetition, short verbal & physical cues

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>2nd + 3rd hand smoke, latex band-aids - no contact with staff 30 min after a smoke break</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, nectar thick liquids, no teeth - may pocket, assisted from right side, hand over hand, liquids spoon fed</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>" "</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anemia, constipation, bowel obstruction, GERD, Hernia, ear infections, stroke</u> <u>- document eliminations, report concerns home, slow when transferring</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled meds - crushed in applesauce/pudding, inform of medication</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>- can bear weight & hold bar in bathroom w/ a staff assistance, can also transfer to toilet or mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair, uses gait trainer & AFOs, uses gait belt & pivot transfers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision, transportation, pedestrian safety, etc.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legally blind - acceptance of tactile cues</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sock index finger leading to breakdown, anxiety - may yell</u> <u>- redirection, contact residence</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>family / friends, preferred friends / family, going outside, disney, special O</u>
Important for:	<u>re positioning & gait trainer, changes when soiled, clinks</u>
Likes:	<u>called Princess & Jada, bowling, Target, special O, sweets, music (country & folk)</u>
Dislikes:	<u>large groups, sitting long period of time, people too close, tuna & peanut butter</u>

Staff: Mari BP

Date: 10-11-22



Service Recipient: Mary Jo

Service Span: 8/22-8/23

Outcomes:

Outcome #1	Mary Jo will choose a sensory activity to participate in by using switch - pre-recorded options when assistance
Outcome #2:	Mary Jo will use gate function in 85% opportunities - will ask & allow time to answer - includes no, ask later in the day
Communication Style:	vocalization eye gaze, switches, gestures short verbal questions and physical cues
Learning Style:	reactive & repetition, best supported w/ up beat tone of voice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: second & third hand smoke, latex band aids
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: no seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has physical order pre-cut food & nectar with liquid has no teeth, may pocket food, assisted from distal side
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: poured in w/ nectar with liquids, can recognize when tastes is too hard to process & display displeasure
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: aneurysm, congestive heart failure, obesity, heart failure, stroke, history of car infection DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Doesn't take meds appreciable @ PAI, takes meds crushed in pudding, assisted in bath, gowns washed
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: transfer herself, can hold onto handbar w/ light may also use mitts, assist transfer to toilet
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can't walk w/ assistance of 2 staff, wears AFO's full support in properly wheelchair, may use walker when ambulant
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can't date preference at eye gaze & vocalizations encouraged & supported in interacting & creating positive relationships
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: accepts of tactile cues as needed - legally blind doesn't have vision with in light eye
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may succ. indep. higher everyday breakdown when anxiety distress shown by vocalization
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	relationships w/ friends & family, sensory activities, pre-made meals, special olympics, driving music & movies
Important for:	acute & daily walking, daily bathroom because throughout day, ability, repetition
Likes:	beauty, shopping at Target, activities w/ friends in family, movies, "jean" or "jean" country music
Dislikes:	being in large groups, sitting in same position for long time, ppl being too close, when succ. with food in mouth consistently

Staff: Lisa Hartman

Date: 10-21-22



Service Recipient: MS Hubert

Service Span: Aug, 22-23

Outcomes:

Outcome #1	choose sensory activities & switch pre recorded switch, place in visual menu, may use hand over hand
Outcome #2:	will use gait trainer ask if she wants to use gait trainer - if no ask later in day etc
Communication Style:	vocalizations, eye pointing, switches, gestures, understand short v/c phrase & pic
Learning Style:	repetition & routine supported & v/c + pic & upbeat tone in voice

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>smone, latex band-aids - limit if possible</u> <u>30 min after problems report to team</u>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>to Seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed foods, nectar thick liquids - may pocket food</u> <u>assist at side liquid spoon fed, neither can spoon req. corp sect, plate</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed nectar thick liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anemia bowel obstruction</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>GERD, stroke ht hernia not during day</u> <u>concerns to home</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 @ 1st, crushed in apple sauce & pudding</u> <u>gums brusha after lunch</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear weight, hold on to bar 2 staff</u> <u>Mat table @ chair height to transfer / pivot trans to toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lean w/ing + staff assist @ 2 staff - AFO's</u> transfer belt <u>gait trainer - AFO's, 2 staff, straps -</u> + or pivot trans.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model appropriate safety skills - assist & safe +</u> <u>positive encounter.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile cues as needed</u> <u>good vision in rt eye + legally blind</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>such under finger</u> <u>anxiety disorder - yelling + loud vocalizations - redirect</u> <u>concerns to team</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 unsupervised time</u>
Important to:	<u>relationships & family + friends, listening to conversations, Disney movies, special Olympics</u>
Important for:	<u>reposition, active walking, 15 min away, beverage during day</u>
Likes:	<u>MS, Previews, bdr, bowling, Disney yogurt, various music</u>
Dislikes:	<u>outings + large groups, being too close when upset - tuna / peanut butter</u>

Staff: Paris D

Date: 10/11/22



Service Recipient: Mary jo H

Service Span: 8/22-8/22

Outcomes:

Outcome #1 Mary jo will choose sensory activity to participate in record on mac switched if chooses, mary jo hits the switch

Outcome #2: Mary jo will use gait trainer in 85% of opportunities Approach in upbeat tone

Communication Style: eye gazing, vocalizing, hand gestures, laughing, smiling
Learning Style: routine and repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 2nd and 3rd hand smoke, latex band aids	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed food, thick liquids	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Small spoon, sectioned plate,	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Gerd, Anemia, bowel Obstruction	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds @ Pai	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: hold bars, pivot transfer	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to bear weight with assistance (uses afo's)	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: indicates preference by eye gazing or vocalizing	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: limited vision in right eye, tactile cues accepted	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May suck index finger, may yell due to anxiety	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time	
Important to:	relationships with family & friend, disney music, sensory, foods & beverages	
Important for:	repositioned frequently, being active	
Likes:	Being called princess, target, sweets, bowling	
Dislikes:	large outing, thick foods	

Staff: Katrina Y

Date: 10/11/22



Service Recipient: Mary Jo H

Service Span: Aug 2022-23

Outcomes:

Outcome #1

Mary Jo will choose sensory activity to participate in by using switch in 80% of trials

Outcome #2:

Mary Jo will use gait trainer in 85% of trials

Communication Style:

Vocalizations, eye pointing, switch, gestures

Learning Style:

Routine, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 2nd, 3rd hand smoke; latex bandaid
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree food, nectar thick liquids; may pocket food, no teeth
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree w/nectar thick liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: history of ear infections DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Anemia, constipation, bowel obstruction, GERD, hernia, Stroke
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None at PAI; oral cares after lunch, crushed in applesauce/pudding
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: dispo brief able to bear weight; holds bar in cares room w/2X assist; 1X mat table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: AFOs, able to bear weight and stand 2X assist
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: AFOs, full support in wheelchair; arthritis in wrist; 2X assist in gait trainer
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: legally blind; accepting of tactile cues
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may suck fingers; anxiety disorder; may have loud vocalizations
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	preferred foods/drinks, Disney, sensory activities
Important for:	repositioning, walking daily
Likes:	Disney, being called "JoJo", "Princess", pie, ice cream, music
Dislikes:	large groups, people too close when upset, tuna, peanut butter

→ Staff will model pedestrian skills

Staff: Ashleigh Shroy
 Date: 10.11.22



Service Recipient: Mary Jo H
 Service Span: Aug - Aug

Outcomes:

Outcome #1: <u>sensory activity in 90%</u> <u>offer mac switcher, show choices, honor choice</u>
Outcome #2: <u>use gait trainer</u> <u>ask, wait for y or n, and do accordingly</u>
Communication Style: <u>vocalizations, eye pointing, switches</u> <u>physical cues, gestures - understands short verbal directions</u>
Learning Style: <u>routine & rep, verbal & physical cues - upset tone of voice</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>2nd & 3rd hand smoke, latex, limit exposure for 30min after smoking</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A no seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Proceed w/ needar thick ^{observed from R side} may pocket food ^{20-30 sec} between sectioned plate</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>spoon feed liquids mother care spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>stroke</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no meds @ PAI - takes w/ apple sauce or pudding</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to transfer or support self independently</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can bear weight @ bar w/ two staff - malleable</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can indicate preferences, moderate appropriate chair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>no useful vision in R eye, legally blind ^{tactile} cues</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may suck index finger, anxiety - may vocalize, ^{redirect}</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>relationships w/ family & friends, special olympics, disney music, going outside</u>
Important for:	<u>active & walking daily, changing ^{asap} when soiled, special olympics</u>
Likes:	<u>Princess, 1010 m, disney movies & music, bowling, mashed potatoes yogurt</u>
Dislikes:	<u>luna PB, sitting in same position for long time</u>



Staff: Alfredo Ferro-Montes

Date: 10-11-22



Service Recipient: Mary Jo H.

Service Span: Aug 22-23

Outcomes:

Outcome #1 Mary Jo will choose a sensory activity to participate in by using switch.

Staff pre-researched options onto mae switches and place in visual range.

Outcome #2: Mary Jo will use her gait trainer.

Staff approach Mary Jo with upbeat tone and ask.

Communication Style:

Vocalizations, eye pointing, switches.

Learning Style:

Repetition / Repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 2nd 13 th hand smoke, latex band aids.	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physician order pureed diet, many "pocket" food. Assisted from right side.	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed, nectar thickened liquids.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: History of ear infections. Anemia, Constipation + bowel Obstruction, GERD, Hernia, Stroke.	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mary Jo does not take meds at PAI, if she would pills must be crushed.	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unable to transfer independently, able to bear weight, Disposable brief.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to bear weight, wears AFO's, uses transfer belt.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Indicates preferences by vocalizations / eye gaze.	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Accepting of tactile cues as needed. Legally blind.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety. May suck on index finger leading to breakdown + infection.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None.	

Important to:

To have relationships w/ family + friends, special olympics, disney music movies.

Important for:

to be repositioned frequently, to be active, changing when soiled asap.

Likes:

Being called princess, Jo Jo + MJ, The Beatles, Bakers Square, Special Olympics.

Dislikes:

Outings in large groups, sitting in same manner for a long time, being too close.

Staff: Tristen Loring



Service Recipient: M.J.H.

Date: 10.11.22

Service Span: Aug. 22-23

Outcomes:

Outcome #1 Will choose a sensory activity to participate in by using a switch - 2 switches - show choices
Outcome #2: Will use her gait trainer - upbeat tone - Honor all comm. - Ask later in day
Communication Style: vocalizations, eye pointing, switches & gestures
Learning Style: Routine and repetition.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: 2nd & 3rd hand smock, latex band aids
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: No seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed foods, nectar thick liquids, may pocket food, full assistance, right side h.o.h. for 20-30mins.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sectioned plate, mother care spoon, & reg. cup.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anemia, constipation, bed., Hernia, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes stroke, ear infections.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Doesn't take any here. If she did, it'd be crushed in applesauce/pudding has gums brushed after eating lunch.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able to bare weight, utilizes support from 2 staff, full support, disposable vessels, holds metal bar
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able bare weight, wears afo's, staff propelled wheelchair, lap, chest straps, feet rest, gait belt during transfers
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in comm.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: accepting of tactile cues, legally blind
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may suck index finger for prolong times, anxiety disorder - yelling & loud vocalizations
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None here
Important to:	relationships with family & friends, sensory activities, special olympics.
Important for:	rep. frequently, beverage throughout day, walks daily
Likes:	Bowling, Baker's square, being called "princess"
Dislikes:	outing in large groups, not being sep., people too close to her, tuna & pbj sandwiches.

Staff: Amanda Diaz

Date: 10/11/2022



Service Recipient: MJH

Service Span: Sept. 22 - Sept. 23

Outcomes:

Outcome #1 <u>Mary Jo will choose a sensory activity to participate in by using Switch in 80% of all trials</u>
Outcome #2: <u>Mary Jo will use her gait trainer in 85% of all trials</u>
Communication Style: <u>Vocalizations, eye pointing, switches, gestures understands short verbal questions</u>
Learning Style: <u>routine & rep, up beat tone of voice, verbal and physical cues</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>second & third hand smoke, latex band aids concerns will be sent to team</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed food, Nectar thick liquids, eats at the table, food fed to her, 20-30 seconds between bites</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed food, Nectar thick liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anemia, Constipation, bowel obstructions, GERD, Hernia, History of ear infections, stroke</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO meds @ PAI. Mary Jo takes her meds crushed in apple sauce or pudding. Assist w/ gums getting brushed</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to transfer or support herself independently bears weight, uses disposable brief, may use mat table</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can bear weight & stand stand with two staff use transfer belt/pivot transfer, wears AFO's</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can indicate preferences by or vocalizing and eye gaze.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Accepting of tactile cues as needed, does not have useful useful vision of her right eye</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may suck finger for prolonged time</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>

Important to: relationships with family & friends, special Olympics, Disney preferred foods and drinks

Important for: re positioned frequently, to be active, freshened up ASAP

Likes: Being called Princess, M.J, movies, music, bowling, shopping

Dislikes: large groups, being close to other people, tuna, PB sandwich

Staff: Trey Gouid
 Date: 10-19-22



Service Recipient: Mary Jo
 Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1	MJ will choose a Sensory Activity to participate in by using a switch - Staff may do hand over hand assistance
Outcome #2:	MJ will use Gait trainer in 85% of opportunities - Staff ask Mary Jo - If no ask later in day
Communication Style:	Vocalizations, eye pointing, switches, Gestures
Learning Style:	Routine and repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Second and third hand smoke, latex band aids.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: MJ does not have seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed foods and nectar thick liquids, may pocket food. Assisted from right side hand over hand.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed with nectar thick liquids. Cannot feed herself.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anemia, Constipation, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Bowel obstruction, GERD, Hernia History of ear infection, report concerns to residence.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not take meds at PAI. Takes med Crushed in applesauce. Gums brushed after lunch.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unable to transfer or support herself independently. able to bear weight, holds basin Cares room.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able to bear weight and stand with assistance from 2 staff. wears AFOs
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can indicate preferences by vocalizations and eye gaze. Model safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: is accepting of tactile cues as needed. is legally blind.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may suck index finger, has anxiety disorder. redirection when ANXIOUS
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	relationships with family, Preferred foods, sensory, special olympics, nice weather
Important for:	repositioned frequently, to be active, walking daily, being offered a beverage.
Likes:	being called princess, Jo Jo MJ, Disney movies and music, Bowling, Target, special olympics
Dislikes:	Outings in large groups, sitting in same manner, people being too close, tuna or peanut butter.

