



In-service Training Log – Parkway

Date:

10/4/22

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.75	Kennedy Norwick			Site-specific updates Autism Minute BSF Competency

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
	SG		Susan Gaines
	JG		John Gebhardt
	AG		Andrea Green
	MA		Monse Hernandez
	DS		Donna Storm
	NK		Nikki Kereluk
			Dennis Moua

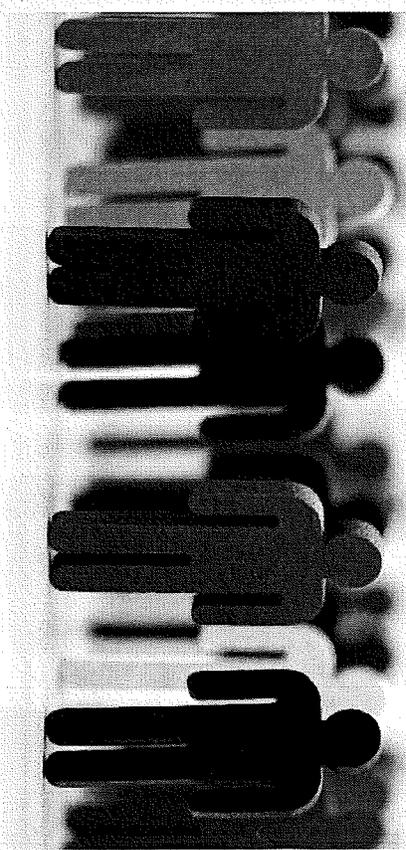
Make up Date	Initial	EE ID	Name
		DP	Dan Popp
		RS	Renee Schmidt
		NS	Nancy Snyder
		KS	Dolly Stein
		DT	Dave Turner
		AW	Anna Wrich
	N/A		Samantha Thury
		KP	Kathy Perry
		LB	Leslie Bludorn

Make Up Date	Initial	Manager/Admin
		Kmetz, Kevin
		Norwick, Kennedy
		Gunderson, Jessica

Other Attendees		
10/25/22	TPB	MLSR BOVGARD

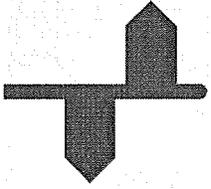
PAI-Parkway Team Meeting

Date: 10/4/2022





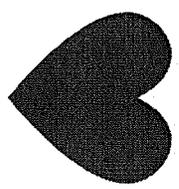
Welcome



Sign In



Introductions



A moment of gratitude



Agenda

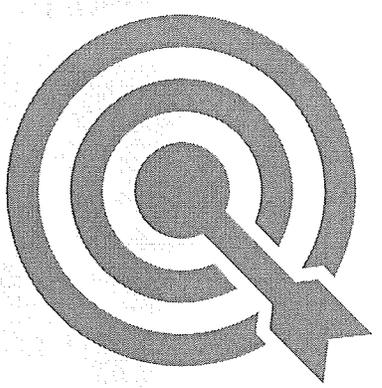
Welcome

Site-Specific Updates

Weekly Autism Minute

Competency Reviews

Wrap Up





Site-Specific Updates:

If you need to call in
please call the **MAIN #**
OR KENNEDY and leave
a voicemail.



BLACKLIGHT ROOM!

HELP NEEDED!

- Washing walls
- Taping



Weekly Autism Minute

https://youtu.be/DgDR_gYk_a8

- Sensory overload occurs when you get more input from your senses than your brain is able to process
- People with autism might have sensitivities to:
 - Sights
 - Sounds
 - Smells
 - Tastes
 - Touch
 - Awareness of body position and movement (proprioception)
 - Awareness of internal body cues and sensations (interoception)

- People with autism can experience both **hypersensitivity** (over-responsiveness) and **hyposensitivity** (under-responsiveness) to a wide range of stimuli. Most people have a combination of both.

- Many autistic people experience **hypersensitivity** to bright lights or certain light wavelengths (e.g., LED or fluorescent lights). Certain sounds, smells, textures and tastes can also be overwhelming. This can result in **sensory avoidance** – trying to get away from stimuli that most people can easily tune out. Sensory avoidance can look like pulling away from physical touch, covering the ears to avoid loud or unpredictable sounds, or avoiding certain kinds of clothing.

- **Hyposensitivity** is also common. This can look like a constant need for movement; difficulty recognizing sensations like hunger, illness or pain; or attraction to loud noises, bright lights and vibrant colors. People who are hyposensitive may engage in **sensory seeking** to get more sensory input from the environment. For example, people with autism may stimulate their senses by making loud noises, touching people or objects, or rocking back and forth.

What does this feel like?



Competency Reviews:

BRITNEY SHAFFER-FRAZIER





Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Britney has seasonal allergies. The Program Supervisor will notify guardian if Britney is experiencing symptoms of seasonal allergies.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Britney's food will be cut into bite sized pieces (quarter sized, or smaller). Britney is most successful in eating when she is offered one item from her and when she is able to choose which item she wants to eat. When eating quickly she will be asked to "slow down." Britney will be redirected when attempting to take someone else's food or drink.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Medication at PAL: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

DNR/DNI: No Yes

Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will stay in the bathroom with Britney for the entire time she is in there. Staff remind her to wipe and assist when she has her cycle. Staff provide reminders to wash/dry hands.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAL staff will communicate to Britney when obstacles are present and offer a verbal prompt to take caution for said obstacle. PAL staff will offer verbal and point prompt reminders to Britney to "look" or "watch" where she is walking.
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAL staff support Britney by staying within visual range. PAL staff model, teach, and demonstrate pedestrian safety and how to stay safe in the community. If there is an indication that Britney may leave an area staff will verbally remind her to stay close, where she is safe.
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PAL staff will minimize stimulation in program areas. In the event Britney shows signs of becoming overstimulated (loud vocalizations and or walking very quickly) PAL staff will offer her a preferred activity. Staff will also give Britney space when upset and will talk with her and help her through whatever is upsetting her. Britney will be offered choices within a few feet of where she is seated or standing. Staff alert Britney to potential obstacles in her environment.



Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PAI staff will offer Britney a preferred activity. Staff will also give Britney space when upset and will talk with her and help her through whatever is upsetting her.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.
Important to: Being around peers, making her own choices/decisions, painting her nails, staying busy/taking walks/exploring, routines	
Important for: Being able to make her own decisions, encouragement to be as independent as possible, exploring the community/outings, encouraging her to try new things, respecting her communication and choices, providing her with consistent routines and with opportunities to socialize with staff and peers	
Likes: Dancing, music, getting her nails painted/girly things, outings, exploring/going for walks, being around peers, shopping.	
Dislikes: Britney does not like to be told "no". Britney does not enjoy watching TV or keeping her room clean. Britney may have a hard time adjusting to new or unfamiliar places.	



**Tomorrow:
Continue with matrix
activity (Kevin)**

Wrap Up

Is there information you would like to provided at next meeting?

Any final thoughts?





Competency Tracking Form

Participant: Britney Shaffer-Frazier

Annual Service Span: September 2022 – September 2023

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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

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

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

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
		Samantha Thury
	LB	Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
10/12/22	TB	Tyler Bongard
	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: TYLER BONGARD

Date: 10/12/22



Service Recipient: BRITNEY SHARPER-FRAZIER

Service Span: SEPT '22 - SEPT '23

Outcomes:

Outcome #1: BRITNEY WILL JOIN A BUILDING GROUP.
Outcome #2: BRITNEY WILL ASSIST W/ PAYING FOR ITEMS IN THE COMMUNITY.
Communication Style: BODY LANGUAGE & VOCALIZATIONS
Learning Style:

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 - NOTIFY GUARDIAN IF SYMPTOMS PRESENT
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: CUT QUARTER SIZE OR SMALLER. OFFER ONE ITEM AT A TIME & LET HER CHOOSE. "SLOW DOWN"
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ASSIST DURING MENSES (HELP PUT ON SANITARY PAD)
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: OFFER VERBAL PROMPTS WHEN OBSTACLES PRESENT. "LOOK" OR "WATCH" WHERE WALKING.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAY IN VISUAL RANGE, MODEL PEDESTRIAN & COMMUNITY SKILLS
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MINIMIZE STIMULATION. OFFER PREFERRED ACTIVITY IF OVERSTIMULATED
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: OFFER PREFERRED ACTIVITY GIVE SPACE WHEN UPSET & TALK THROUGH IT
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME
Important to:	BEING AROUND PEERS, MAKING CHOICES/DECISIONS, PAINTING NAILS, ROUTINES, STAYING BUSY/GOING ON WALKS
Important for:	ROUTINES, ENCOURAGEMENT FOR INDEPENDENCE, RESPECTING COMMUNICATION & CHOICES, CONSISTENT ROUTINES,
Likes:	DANCING, MUSIC, NAILS PAINTED, OUTINGS, BEING GIVEY THINGS, SHOPPING AROUND PEERS
Dislikes:	BEING TOLD "NO", WATCHING TV, KEEPING ROOM CLEAN, NEW/UNFAMILIAR PLACES

Staff: John Gebhardt
 Date: 10/4/22



Service Recipient: Britney Shafer Frazier
 Service Span: 2022-2023

Outcomes:

Outcome #1:
 Summarize Steps: Go join a building group (in the building)

Outcome #2:
 Summarize Steps: will assist with paying for items in the community

Communication Style: nonverbal, uses vocals & body language

Learning Style:
Hand over had assistance, demonstration, 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 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>cut food to bite sizes, ^{Remind to, Eat slowly} 1 piece at a time</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</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>NA</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist her in bathroom each time</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TELL her about any obstacles, ^{tell her to} look where walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Demonstrate community safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff to minimize stimulation in program areas</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer her a preferred activity. Give her space.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time.</u>
Important to: <u>Painting her, nails, walks, routines, being with peers</u>	
Important for: <u>Making own decisions, socializing with peers,</u>	
Likes: <u>Dancing, Music, outings, walks, shopping,</u>	
Dislikes: <u>Being told "no" May have hard time adjusting to new or unfamiliar places.</u>	

Staff: Kathy Perry
 Date: 10-4-22



Service Recipient: Britney
 Service Span: 9/22-9/23

Outcomes:

Outcome #1: Will join a building group.
 Summarize Steps:
~~6/8~~

Outcome #2: Will assist w paying for things in the Comm.
 Summarize Steps:

Communication Style: Non Verbal Body Language Vocalizations

Learning Style: HOH assist, demonstration, 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> <u>Not by guardian</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>Bite sized pieces. Offer 1 thing at a time</u> <u>Reminders to slow down + chew. Redirect if taking others food</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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: AA <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist w wiping self. Remind to wash</u> <u>+ dry hands. Staff stay in BR. assist w mensue</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal prompts - watch where she is</u> <u>walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>With staff at all times - verbally remind</u> <u>to stay close</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>minimize stimulation</u> <u>Low vocalizations, walking quickly, give space when upset</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer preferred act. of walks, going to</u> <u>another room, offer drink. Reassure</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>peers, choices, painting nails, being busy, walks</u> <u>routine</u>
Important for:	<u>own decisions, community, respect choices, sometimes</u> <u>encourage to try new things</u>
Likes:	<u>dancing, music, outings, nails painted, girly things</u> <u>shopping, exploring things</u>
Dislikes:	<u>Being told NO, TV, difficult to adjust to new places</u> <u>keeping her room clean</u>

Staff: Kathryn Stein
 Date: 10/4/22



Service Recipient: Britney Shaffer-Frazier
 Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: join a building group
 Summarize Steps:

Outcome #2: will assist with paying for items in the community
 Summarize Steps:

Communication Style:
Non-verbal, body language, vocalizations

Learning Style:
Hand over hand, demonstration, 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 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>Bite sized pieces, offer one item at a time, reminders to slow down and chew food.</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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>N/A</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist with wiping and hand washing. stay with her at all times.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer verbal and point prompts to avoid obstacles</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model and demonstrate pedestrian safety</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer preferred activity, space or breaks</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer a preferred activity, walks, a drink</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time.</u>	
Important to: <u>peers, choices, nails painted, staying busy, walks, routines</u>		
Important for: <u>Decisions, encouragement to be independent, routines, socialization, respecting her choices</u>		
Likes: <u>Dancing, music, nails painted, girly things, walks, shopping</u>		
Dislikes: <u>Being told "NO", watching tv, difficulty adjusting to new places</u>		

Staff: Dave Turner

Date: 10/4/22



Service Recipient: Britney Shaffer-Frazier

Service Span: (Sept 22 - Sept 23)

Outcomes:

Outcome #1: Britney will join a building group
Summarize Steps:

Outcome #2: Britney will assist for paying for items in the community
Summarize Steps:

Communication Style:

Non-verbal, vocalizations, body language

Learning Style:

HAND OVER HAND Assistance, demonstration, 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, Supervisor will notify mom</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>cut food into bite sized pieces. Provide one item at a time.</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</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>NA</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist with wiping, nappies, have Britney wash + dry.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>communicate with Britney about difficult terrain, objects in the way.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model teach community safety.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff will minimize activity if Britney appears over-stimulated</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Redirection, offer her a preferred activity, walking, visiting, water.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>	
Important to:	<u>Being around peers, decisions, walks, routine, nappies</u>	
Important for:	<u>Being independent, encourage to try new things, socialization opportunities.</u>	
Likes:	<u>Dancing, music, getting nappies done, outings, walks, peers, shopping.</u>	
Dislikes:	<u>Told "no", watching tv, new places, Room cleaning.</u>	

Staff: Anna Wrich

Date: 10/4/2022



Service Recipient: Britney S.F

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1:
will join a building group.

Outcome #2:
will assist w/ paying in the community.

Communication Style:
non-verbal. body lang. Vocalizations.

Learning Style:
hand/hand. Demo. Repitition.

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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut into bite size. offer one thing at a time. reminders to slow and chew. may take food.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist w/ wiping and w/ cycle. wash and dry hands. stay w/her.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal Prompts for obstacles. lend hand/arm
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: model ped. safety. Verbal reminders to stay close
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: minimize stimuli. offer new activity. talk thru or walk.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: drinks Preferred activity. coloring/walks/visit/quiet area
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None.
Important to:	Peers, Choices, Nail painting, routines, walks
Important for:	decisions, exploring, trying new things, routines.
Likes:	dancing, music, girly things, outings, shopping.
Dislikes:	"No" watching T.V. cleaning. unfamiliar places.

Staff: Nikki Kereluk
 Date: 10/4/22



Service Recipient: Britney SF
 Service Span: 9/22 - 9/23

Outcomes:

Outcome #1:	Will join a building group
Outcome #2:	Will assist w/ paying for items in community.
Communication Style:	non-verbal, body language, vocal.
Learning Style:	hand/hand, demo, repeat

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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces, eating one item at a time. "slow down"	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist w/ wiping and her cycle. *wash/dry hands*	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: communicate obstacles. watch where she is walking *verbal reminders	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: model/teach ped. safety. stay close and supervise.	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: minimize stimulation when necessary. offer activities and give space.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: redirect w/ activity	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE	
Important to:	peers, choices, nail polish, walks, routines	
Important for:	make decisions, independence, encourage to try new things, socializing	
Likes:	dancing, music, nails done, girls things, outings, shopping	
Dislikes:	being told no, keeping room clean, watching TV	

Staff: Sherry Sneyder
 Date: 10-4-22



Service Recipient: Shaffer - Britney Frazier
 Service Span: 9-22 / 9-23

Outcomes:

Outcome #1: Join a building group.
 Summarize Steps:

Outcome #2: Assist paying for items in the community.
 Summarize Steps:

Communication Style:
Non-verbal - Body language, vocalizations

Learning Style:
Hand over hand, 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 type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pcs, offer 1 thing at a time - slow down</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stay in bathroom with her. Staff assist w/ wiping, reminders to wash & dry</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer prompts to take caution</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>"stay close" model & teach pedestrian safety.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Redirect when she is upset, go for walks</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer different activities, walking, visiting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>peers, choices, nails, walks, routines</u>
Important for:	<u>Decisions, independent, outings, try new things</u>
Likes:	<u>Dancing, music, nails, outdoor, shopping</u>
Dislikes:	<u>told NO, TV, keeping room clean, unfamiliar places</u>

Staff: Renee Schmidt
 Date: 10/4/22



Service Recipient: Britney Shaffer-Frazee
 Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1:
Britney will join a building group

Outcome #2:
will assist paying for items on outings

Communication Style:
Non Verbal Body language vocalizations

Learning Style:
Hand over hand 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 - call home with symptoms</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>Bite size Chew Slow down reminder 1 thing at time</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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>N/A</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assists wiping and help during cycle</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer hand communicate when obstructed watchwalking</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model/teach Ped/comm safely</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>redirect when she is upset. Calm voice.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Preferred activities - walks, visiting</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no time alone</u>	
Important to:	<u>Peers choice, painting nails routine</u>	
Important for:	<u>Makes choice encourage new thing socialize staff and peers</u>	
Likes:	<u>Dancing music nailpaint walk shopping girly things</u>	
Dislikes:	<u>fold no watch TV Keeping her room clean.</u>	

Staff: Candi Stucky
 Date: 10-4-22



Service Recipient: Britney Shaffer
 Service Span: Sept 22-23 ¹⁰ Frazier

Outcomes:

Outcome #1: <u>join a building group</u>
Outcome #2: <u>assist in paying in Community</u>
Communication Style: <u>non-verbal</u>
Learning Style: <u>Hand over hand - 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 type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assists w/ her in bathrm</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompts to take precaution</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>demonstrate pedestrian safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>minimize stimulation, give space</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>offer her a prefer'd activity walks - another room</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>-None-</u>
Important to:	<u>peers, choices, nails, exploring, walks, routines</u>
Important for:	<u>decisions, independence, choices</u>
Likes:	<u>Dancing, music, Outing, nails done, Shopping</u>
Dislikes:	<u>Not told No, not keeping room clean, not tv</u>

Staff: Monse H.
 Date: 10-4-22



Service Recipient: Britney F.
 Service Span: Sep 2022 - Sep 23

Outcomes:

Outcome #1: _____
 Summarize Steps: Join a building group

Outcome #2: _____
 Summarize Steps: Assist to hand over

Communication Style: non-verbal, vocalizations

Learning Style: Repetition, Hand-over-hand

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized - "slow down" - "chew"</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist w/wiping & cycle "wash hands"</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal Prompts</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model Safety, Reminders</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Space when needed</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Walk, coloring, Room visit, something to drink</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no time alone</u>
Important to:	<u>Being around peers, nails, walks, routines</u>
Important for:	<u>Independence, try new things, make choices</u>
Likes:	<u>Dancing, Painting, Beauty, Shopping</u>
Dislikes:	<u>"No", TV, Clean room, unfamiliar places</u>



Staff: Gaines, Sobic

Date: 10/11/22



Service Recipient: Britney Shafar
Frazier
Service Span: Sept. '22 - Sept. '23

Outcomes:

Outcome #1: Britney will building group.

Summarize Steps:

Outcome #2: Britney will help paying for her items.

Summarize Steps:

Communication Style: Non verbal- body language,

Learning Style: hand over hand, demo

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

Allergies: No Yes
List & Describe Supports: Seasonal. pr

Seizures: No Yes N/A
Describe Supports:

Choking: No Yes
Describe Supports: bite size; slow down. 1 thing at time. Chew.

Specialized Diet: No Yes N/A
Describe Supports:

Chronic Medical Conditions: No Yes N/A
List & Describe Supports: DNR/DNI: No Yes

Medication at PAI: No Yes N/A
Describe Supports:

Personal Cares: No Yes
Describe Supports: 1:1 Wiping .b.m. Wash hands. time of month.

Mobility/Fall Risk: No Yes
Describe Supports: Britney Verbal prompts. Watch where is walking.

Community Support: No Yes
Describe Supports: make reminder to be seen, and be safe.

Sensory Support: No Yes
List & Describe Supports: Program becomes. by walking quickly. help by talking through. walk with her

Behavior Support: No Yes
List & Describe Supports: walking with her, talk's, going other room. drinks.

Unsupervised Time: No Yes
Describe Supports: No time alone.

Important to: being around peers, walks, talk's, nail's painted,

Important for: own choices, outing, carrying new things. peers, staff

Likes: dancing, music, nail's painted, girly things, outings, walks, peers, shopping

Dislikes: being old mo, t.v, keeping room clean,

Staff: Daniel P.
 Date: 10/4/22



Service Recipient: Britney
 Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: will join a building group

Outcome #2: will assist with paying for items in the community

Communication Style: Non verbal communicates with body language and vocalizations

Learning Style: Hand over hand assistance, demonstration, 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 type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut into bite size pieces, offer one item to eat at a time. Remind to slow down and chew.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes NA
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will stay in bathroom with Britney. Needs help wiping. Reminders to wash hands
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal reminders of obstacles and to pay attention when walking
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will model pedestrian safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Minimize stimulation if Britney appears over stimulated and talk to her to calm down
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: offer a preferred activity. Also give space and time to calm down
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	Being around peers, making choices, painting nails, staying busy taking walks
Important for:	Making decisions, independence, exploring in community routine
Likes:	Dancing, music, getting nails painted, girly things, outings, walks
Dislikes:	Being told "No" watching TV. Adjusting to new things

Staff: Donna Storm

Date: 10-4-22



Service Recipient: Britney Shaffer

Service Span: Sep 22-23 Frazier

Outcomes:

Outcome #1: _____
Summarize Steps: Join a building group

Outcome #2: _____
Summarize Steps: will assist w/ paying for things

Communication Style: non verbal Body language vocalization

Learning Style: Hand over hand

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal -</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut into bit size. One food @ a time - reminder low down</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist w/ cycle wash hands reminder make sure she wipes</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal prompt to be careful when she is walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>model ped safety. Remind to stay close</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>minimize stimulation talk her down when waked up</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>preferred activity - walking get out of room. offer water</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>time alone</u>
Important to:	<u>make own choices potty rails walks routines</u>
Important for:	<u>incray to be independent - constant Routine. communication with staff and peers</u>
Likes:	<u>music dancing outings shopping</u>
Dislikes:	<u>told "no" Keeping room clean. doesn't like watching TV.</u>

Staff: Drea Green

Date: 10.4.22



Service Recipient: DSF

Service Span: Sept 22-23

Outcomes:

Outcome #1: Britney will join a building group.
Outcome #2: Britney will assist with paying for items in the community.
Communication Style: Non-verbal- communicates with body language, vocalizations
Learning Style: Hand-over-hand assistance, demonstration, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Britney has seasonal allergies. The Program Supervisor will notify guardian if Britney is experiencing symptoms of seasonal allergies.
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: Britney's food will be cut into bite sized pieces (quarter sized, or smaller). Britney is most successful in eating when she is offered one item from her and when she is able to choose which item she wants to eat. When eating quickly she will be asked to "slow down." Britney will be redirected when attempting to take someone else's food or drink.
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>w/ wiping & cycle staff assist reminder to wash hands & dry stay in bathrooms</i>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI staff will communicate to Britney when obstacles are present and offer a verbal prompt to take caution for said obstacle. PAI staff will offer verbal and point prompt reminders to Britney to "look" or "watch" where she is walking.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI staff support Britney by staying within visual range. PAI staff model, teach, and demonstrate pedestrian safety and how to stay safe in the community. If there is an indication that Britney may leave an area staff will verbally remind her to stay close, where she is safe.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PAI staff will minimize stimulation in program areas. In the event Britney shows signs of becoming overstimulated (loud vocalizations and or walking very quickly) PAI staff will offer her a preferred activity. Staff will also give Britney space when upset and will talk with her and help her through whatever is upsetting her. Britney will be offered choices within a few feet of where she is seated or standing. Staff alert Britney to potential obstacles in her environment.

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: PAI staff will offer Britney a preferred activity. Staff will also give Britney space when upset and will talk with her and help her through whatever is upsetting her.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.
Important to: Being around peers, making her own choices/decisions, painting her nails, staying busy/taking walks/exploring, routines	
Important for: Being able to make her own decisions, encouragement to be as independent as possible, exploring the community/outings, encouraging her to try new things, respecting her communication and choices, providing her with consistent routines and with opportunities to socialize with staff and peers	
Likes: Dancing, music, getting her nails painted/girly things, outings, exploring/going for walks, being around peers, shopping.	
Dislikes: Britney does not like to be told "no". Britney does not enjoy watching TV or keeping her room clean. Britney may have a hard time adjusting to new or unfamiliar places.	

Lead Review Completed: _____