

**STAFF ORIENTATION TRAINING PLAN - GENERAL**

Staff name: Estella Hughes Date of hire: 10/24/2022  
 Date of background study submission: 10/14/2022 Date of background study clearance: 10/14/2022  
 Date of first supervised contact: 10/31/22 Date of first unsupervised contact: 11/21/22

\*Date Completed Training to Individual Needs: 11/7/22  
 \*Completed orientation to individual service recipient needs for all individuals initially trained c

Orientation training: Within 60 calendar days of hire, the license holder must provide and ensure completion of orientation sufficient to create staff competency for direct support staff that combines supervised on-the-job training with review and instruction in the following areas. \*Maltreatment reporting requirements must be completed within 72 hours of first providing direct contact services with persons served by the company.

Orientation to program requirement topics	Date of completion	Date and type of competency	Length of training	Name of trainer and company, if applicable
Job description and how to complete specific job functions	10/31/22	10/31/22	.25	LeAnn Silverness, PS
Current 245D policies and procedures including location and access and staff responsibilities related to implementation	10/31/22	10/31/22	.5	LeAnn Silverness, PS
Data privacy: MN Government Data Practices Act and HIPAA and staff responsibilities related to complying with data privacy practices	11/7/22	11/7/22	1.0	Star-Lms
Service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights	11/7/22	11/7/22	1.5	Star-Lms
Vulnerable adult maltreatment reporting: *See attached Training Index for VAA maltreatment training topics.	11/1/22	11/1/22	1.75	Star-Lms
Maltreatment of minors reporting: *See attached Training Index for MOMA maltreatment training topics.	11/1/22	11/1/22	1.25	Star-Lms
Principles of person-centered service planning and delivery and how they apply to direct support provided by staff (also part of PSR Core Training)	11/2/22	11/2/22	.5	Star-Lms
Sexual violence: strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities	11/7/22	11/7/22	1.5	Star-Lms
First aid (can be certification or basic training)	11/9/22	11/9/22	.75	Cortney Kelly
Emergency use of manual restraint (EUMR), prohibited procedures, and Positive Support Rule 8 hour core training. *See attached Training Index for all topics included for this training.	11/2/22	11/2/22	.5	Star-Lms
PAI's Approved EUMR's Demonstration	11/4/22	demonstration & practice	.5 hours	LeAnn Silverness PS
Positive Support Rule: 4 hour function-specific training (if applicable). *See attached Training Index for function-specific training topics.	11/2/22	11/2/22	7.5	Star-Lms
Positive Support Rule: 2 hour function-specific training (if applicable). *See attached Training Index for function-specific training topics.	11/2/22	11/2/22	2.0	Star-Lms
Universal Precautions/Bloodborne Pathogens	11/7/22	11/7/22	.75	Star-Lms
Fraud Prevention	11/7/22	11/7/22	.75	Star-Lms
Other topics as determined necessary according to the person's Support Plan or identified by the company (this may include CPR): Topic: CPR	11/9/22	11/9/22	5.5	Cortney Kelly

Staff signature: Estella Hughes

Date: 12.21.22

\*I understand the information I received and my responsibilities for their implementation in the care of persons supported by this program.

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

**Staff name:** Estrella Hueros **Date of hire:** 10/24/22

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Support Plan*.

**Initials of person(s) served:** JT, JTKR, ACG, BW, CR, SS, JH, KH, KS, DH, AH, MBER, BB, RW

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A			
CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i>	11/9/22	11/9/22	5.5 hr.	CARTNEY KELLY - PAI

# PAI Estella Hughes

Support Plan, Support Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	11/7/22	11/7/22	11/7/22	7.0 hr.	LeAnn Silvenness, PS PAT
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/7/22	11/7/22	11/7/22	7.0 hr.	LeAnn Silvenness, PS PAT
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12/8/22	12/8/22	12/8/22	1.5 hr.	Toni Anderson, RN HCS
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	12/8/22	12/8/22	12/8/22	1.5 hr.	Toni Anderson, RN HCS
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	NONE	CASHED OUT THIS TIME			
Other topics as determined necessary according to the person's Support Plan or identified by the company: Topic: HCS Topic: Medication	11/23/22	11/23/22	11/23/22	7.0 hrs	HCS

Staff signature

*Estella Hughes*

Admin class

12.22.22

Date

\*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Staff: Estella Hughes  
Date: 11-4-22



Alexandra  
Service Recipient: Han  
Service Span: 6/22 - 5/23

Outcomes:

Outcome #1: Alex will color a worksheet identifying her Day.

Summarize Steps: Staff will greet Alex daily, ask her how her morning is going.

Outcome #2: Alex will go out in the community 1x month.

Summarize Steps: She will choose an outing, will bring money for outing

Outcome #3: \_\_\_\_\_

Summarize Steps: \_\_\_\_\_

Communication Style: verbally, staff should approach in a calm, clear manner.

Learning Style: Alex is very positive person she will smile all day.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex need reminder on limit of food, when to 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 type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not take any meds @ PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex need assistance by staff after a BM or with <sup>Belt,</sup> Bra.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will help advocate for Alex if needed <sup>when in</sup> <del>with</del> community	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to: <u>Talking with mom, PAI, Being independent.</u>		
Important for: <u>Family Food health and talking on the phone.</u>		
Likes: <u>Calling people on the phone, cartoons. Food.</u>		
Dislikes: <u>Anything to do with cleaning or exercising.</u>		

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes  
 Date: 11-3-22



Service Recipient: Alvaro Gutierrez-Campos  
 Service Span: 12/21 - 12/22

**Outcomes:**

**Outcome #1:** He will practice reciting words in English, Spanish. Flashcards 90%  
 Summarize Steps: During downtime or Homeroom staff will ask him to get out his Flashcards.

**Outcome #2:** Alvaro will pick a outing 1x month, activity.  
 Summarize Steps: He will choose an outing to participate in.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** verbally with limited English, Spanish.

**Learning Style:** He learns best with ~~simple~~ verbal cues.

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Alvaro has epilepsy/seizure disorder managed by MEd. Staff will call 911 if needed.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist with cutting food up if needed.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>Developmental disability epilepsy/seizure disorder.</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He can take MEd's that is handed to him.</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unsteadiness, cataracts may cause him to trip.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will always be with Alvaro in the community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears his glasses independently, can't see well without</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Living with his Family, going to work to chat with others.</u>
<b>Important for:</b>	<u>Having opportunities to engage in his community, having staff support.</u>
<b>Likes:</b>	<u>music (esp. Spanish) dancing, Mexican Food.</u>
<b>Dislikes:</b>	<u>Has been observed that he can become anxious or frustrated.</u>

Staff: Estella Hughes

Date: 11-4-22



Service Recipient: Brian Boxer

Service Span: 1/22 - 1/23

**Outcomes:**

**Outcome #1:** Brian will contact his residential supervisor, per video call or iPad.  
Summarize Steps: staff will assist him on scheduling a call.

**Outcome #2:** Brian will go on outing 1x month.  
Summarize Steps: staff will give Brian a choice for outing he will decide which one.

**Outcome #3:** \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

**Communication Style:** verbally.

**Learning Style:** Brian Best learns with Verbal instruction paired, visual.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ibuprofen - staff will assist with accurate MEDS.</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Brian independently <sup>eats</sup> eat his meals, use utensils.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food to avoid raw carrots celery, corn or dried fruit.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>legal blindness, cerebral palsy, history of Bowel obstructions.</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brian does not take any MEDS @ PAI only if needed.</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist on his ileostomy bag, assist with toilet use.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist with navigating dangerous situation.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model pedestrian skills, verbally point out signs.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will assist in situations, offer physical assistance.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

**Important to:** staying busy whether that be working or volunteering.

**Important for:** Support from staff members to stay safe, in community.

**Likes:** Variety of music movies and going out to eat.

**Dislikes:** Negative, rude people and working on Trane kits.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-4-22



Service Recipient: Crystal Ronning

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Crystal will read a book/article/maga. self-confidence 5-10 mins. daily.  
Summarize Steps: Staff will give crystal a book to read, express her feelings. And talk to staff about what she reads.

Outcome #2: Crystal will attend PAI 2 to 3 days a week.  
Summarize Steps: she will recognize days of week she is scheduled. she will come 2 or 3 days to meet goal.

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: verbally, take verbally direction well.

Learning Style: verbal, modeling.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Crystal can take appropriately bites, chew she wears dentures.</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>portion size, healthy food decisions.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Polycystic ovarian Syndrome, insomnia, bunions, dentures.</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none at PAI currently.</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Crystal will always be with staff in community, help with appropriate boundaries</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Crystal wears glasses independently.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to:	<u>cat pumpkin, working her fiance Jim, being independent with meds</u>	
Important for:	<u>Following a healthy diet, taking care of her mental health.</u>	
Likes:	<u>Working on the phone, playing games, Face book.</u>	
Dislikes:	<u>people do not answer her phone call, broccoli peas</u>	

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-4-23



Service Recipient: Deborah Haworth

Service Span: 10/22 - 10/23

Outcomes:

**Outcome #1:** Deb will work on Ipad 1x week 75% until next review  
Summarize Steps: at least 1x week during Homeroom with PAI Ipad.  
Staff will assist Deb to web page like "Youtube, Discovery"

**Outcome #2:** When done eating lunch, Deb will clean up her area daily.  
Summarize Steps: She will throw away any trash after independent 75%.  
Deb will put away her lunch to take home.

**Outcome #3:** \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

**Communication Style:** verbally, explained in a short, simplified manner.

**Learning Style:** Best in verbal instruction, modeling how to do task on hand.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>mold - signs, symptoms PRN if needed allergy medication.</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will follow PAI seizure protocol, call 911</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Deb can chew, swallow <del>it</del> thoroughly.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sunlight sensitivity, legally blind, cerebral palsy,</u> ASSIST with sunscreen, <u>reminders to dress appropriately -</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none at PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cerebral palsy, wears AFO's, staff will verbally point out uneven <del>area</del> terrain -</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist Deb on pedestrian safety, offer a hand or arm -</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will encourage Deb to wear her glasses, assist with <del>cleaning</del></u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

**Important to:** Being independent, making decision for herself.

**Important for:** having the physical supports she needs, health.

**Likes:** using her Ipad, working Arts & crafts -

**Dislikes:** people who are loud or gossip, sitting too long -

Staff: Stell Hughes

Date: 11-4-23



Service Recipient: Germy Wicklander

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** Germy will pick one peer every Monday morning to talk about what he did over the weekend.  
 Summarize Steps: staff will ask Germy who he would like to talk with about his weekend. He will engage in conversation with peer.

**Outcome #2:** He will use, learn how to use iPad 2x a week.  
 Summarize Steps: germy will practice going to Apps, Job searching.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** He is very soft spoken, can be shy when interacting with others.

**Learning Style:** Can be approached verbally with verbal instructions, demonstrations.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Sudafed, Hay fever. - staff will monitor of any symptoms.</u>	<u>will give medication if needed.</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partial complex, absence Seizures. staff will call 911 a seizure.</u>	<u>if he has</u>
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Germy is independent and chews, swallows his food with</u>	<u>no concerns.</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>seizures - He has not had a seizure since 2020</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none at PAI but if arises staff will</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Germy may not have adequate pedestrian and stranger</u>	<u>safety skills.</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Germy wears glasses, is diagnosed with glaucoma.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>As Physical, verbal behaviors, staff will redirect in to quiet</u>	<u>area to relax.</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

**Important to:** Family movies Keeping busy, vacations.

**Important for:** health employment, socialization and making Friends, Family

**Likes:** Vikings, Timberwolves, Twins going out to eat.

**Dislikes:** Being rushed, feeling left out, disrespectful.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-4-22



Service Recipient: Jim Shaw

Service Span: 1/22 - 1/23

Outcomes:

Outcome #1: Jim will attend PAI all 3 scheduled days a week.  
Summarize Steps: Attend PAI W-F every week.  
Staff will encourage Jim to attend PAI.

Outcome #2: Jim will pick and participate in one community outing per month  
Summarize Steps: Staff will meet with Jim to show a list of outings planned for the month.

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: Verbally, Jim is a good advocate for himself, knows what his body can handle.

Learning Style: Jim is updated about any changes in outing locations so that Jim is not caught off guard.

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>Jim knows his allergies, can read. Staff will assist</u> <u>Keflex, Lisinopril Jim may be unaware if mistakenly prescribed.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Jim eats independently no support from staff.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anxiety, depression, Jim uses oxygen 24 hours a day, is independent in use</u> <u>paranoid schizophrenia, brain injury, 24 hours a day, is independent in use</u> <u>copd, alcohol dependency, hypertension, chronic resp. failure. he can check his blood oxygen levels.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not take any at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Shortness of breath, dizziness staff will ask him to take a break.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will transport him to &amp; from community activities or job.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jim wears glasses.</u> <u>Jim is diagnosed with Graves ophthalmopathy which negatively impacts vision.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Raising his voice</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Family, health, being more independent.

Important for: Staying healthy taking medications, attending appts.

Likes: Being social, living on his own

Dislikes: Bright lights, people standing or sitting behind him.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-4-23



Service Recipient: Jodi King

Service Span: 2/22 - 2/23

Outcomes:

**Outcome #1:** Jodi will accurately name at least 2 out of 3 peers each morning 80%. Next review.  
 Summarize Steps: Staff will point to an individual in Jodi Room, ask if she remember their name.

**Outcome #2:** Jodi will participate in one volunteer opportunity a month.  
 Summarize Steps: staff will tell Jodi different volunteer opportunities that's available.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** verbally

**Learning Style:** verbal instructions, through repetition.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cats, Food allergies, If staff notice any signs will contact Jodi parents.</u> <u>Rhinitis (hay fever) sensitivities including Sensitivity to Latex Chocolate-digestion concerns.</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>partial seizure, Jodi can let you when she is having a seizure grandmal seizures. Staff carry the protocol along in community.</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size will bring her own lunch from home.</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>due to diabetes insipidus. Fluid restricted diet bite size 1200 calorie diet.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Liver failure, recovered from liver hemorrhage, subsequent hematoma. Staff will use caution when transferring Jodi.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist Jodi on her meds w/ PAI.</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Jodi needs assistance transferring to the toilet, using gait belt.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed with Osteopenia. Staff will assist on obstacles, curbs or stairs.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will always assist Jodi while in the community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jodi has left field vision, staff will talk with her on right sides.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

**Important to:** Being happy pleasing others, staying busy.

**Important for:** having social activities planned for Jodi to participate.

**Likes:** Socializing with others, volunteering, listening to the radio.

**Dislikes:** Being sick, people arguing. Bad attitudes.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-4-22



Service Recipient: Josie Hernandez

Service Span: 12-21 / 12-22

Outcomes:

**Outcome #1:** Josie will write her home address, home phone # daily Home Room  
 Summarize Steps: Daily staff will ask her to write it down in the morning. Staff may assist Josie only if she ask.

**Outcome #2:** Josie will participate in making transaction when in the community.  
 Summarize Steps: When Josie has the opportunity to participate in community outing. Josie will carry her own money.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Josie communicates verbally, sometimes when anxious, may talk on the quieter side.

**Learning Style:** She learns best through practice, routine.

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Choking:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Josie can eat independently, cut her own food up.</u>	
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Josie takes MEDS independently, carries them on her.</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent.</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Josie understands basic pedestrian safety but may need verbal prompts. Staff will ask her if she needs a break.</u>	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Crowds, loud music, alarms may cause anxiety, her if she needs a break.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Josie likes to talk with someone before she takes her PRN.</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b>	<u>Family staying busy and engaged in activities.</u>	
<b>Important for:</b>	<u>mental health support, her support team.</u>	
<b>Likes:</b>	<u>going to library, using Zoom, Highland Friendship Club.</u>	
<b>Dislikes:</b>	<u>unclear expectations, loud noises, feeling like others are upset with her.</u>	

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11.7.2022



Service Recipient: Julie Tint

Service Span: 8-22 / 8-23

Outcomes:

Outcome #1: Julie will greet a different staff or peer each morning using sign language.  
Summarize Steps: Staff will give 5 mins. to approach staff independently using sign language. Julie will arrive @ PAI, report to homeroom.

Outcome #2: Julie will work on an activity / coloring worksheet daily.  
Summarize Steps: She can work with a peer or do it independently alone.

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: She uses adaptive sign language

Learning Style: learns best with simple instructions, visually model different choices.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Julie has not had a seizure in many years, is controlled by meds. Staff will follow protocol, call 911.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent - eats chew, swallow safely.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hepatitis B, All blood, bodily fluids are treated as potentially infectious.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not take any @ PAI.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model safe pedestrian skill, safety for Julie.</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>N/A</u>

Important to: working, family, staying active

Important for: to work @ PAI, make money, community involvement.

Likes: going for walks, going out to eat @ "Mc. D's."

Dislikes: loud & disruptive behaviors, being sick or injured.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-7-22



Service Recipient: Julie Trombley

Service Span: 5-22/5-23

Outcomes:

Outcome #1: While in the community 1x month she will purchase, control cash, receipt.  
Summarize Steps: Staff will prompt her to get money out, recieved receipt, change pack.

Outcome #2: Julie will focus her attendance @ PAI 3/3 days.  
Summarize Steps: She will attend PAI 3 day a week, without any absences.

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: Julie seems to learn best with verbal, modeling direction from staff.

Learning Style: She understands verbal directions. Staff should educate, give her postive support.

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

Allergies:  No  Yes List & Describe Supports: Risperdal, chronic seasonal allergic rhinitis.

Seizures:  No  Yes Describe Supports: N/A

Choking:  No  Yes Describe Supports: independent - chew, swallow thoroughly safely.

Specialized Diet:  No  Yes Describe Supports: low-cholesterol diet. - independent.

Chronic Medical Conditions:  No  Yes List & Describe Supports: Bi-polar, anxiety, seasonal allergic - foot pain, alcohol abuse - wears orthotics. Julie manages many of her health conditions, independently at home. Does not request staff support. DNR/DNI:  No  Yes

Medication at PAI:  No  Yes Describe Supports: Julie does not have any MED'S @ PAI.

Personal Cares:  No  Yes Describe Supports: independent.

Mobility/Fall Risk:  No  Yes Describe Supports: N/A

Community Support:  No  Yes Describe Supports: Julie is independent, alone time - Julie agreed to stay @ PAI during working hours

Sensory Support:  No  Yes List & Describe Supports: She wear glasses to correct visions.

Behavior Support:  No  Yes List & Describe Supports: Julie may express herself in ways verbal or physical arggersions -

Unsupervised Time:  No  Yes Describe Supports: Has alone time at home, in community.

Important to: being independent, having receptive support people to listen.

Important for: maintaining good health independence, returning to day program.

Likes: watching T.V., Price is Right, playing cards, adult coloring books.

Dislikes: feeling like she cant explain her feelings, conflict or gossip.

Staff: Estella Hughes  
 Date: 11.7.22



Service Recipient: Karen Han  
 Service Span: 1.22/1.23

**Outcomes:**

**Outcome #1:** Karen will participate in a community outing 1x a month.  
 Summarize Steps: 1x a month staff will offer choices for Karen to choose an outing for the month.

**Outcome #2:** Karen will use iPad 2x a week for minimum 10 mins for Job.  
 Summarize Steps: staff will offer iPad 2x a week. She will spend 10 mins on iPad searching for a Job.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** verbal with verbal direction

**Learning Style:** She is very sociable.

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypothyroidism -</u> <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None @ PAI</u>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independent.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Karen is visual impairment, not aware of obstacles, hazard environment.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Karen does not have necessary self-preservation skills when in the community.</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Wears glasses.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can become impatient, at times she verbally yells, names. calls others names.</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Socialization, feels needed, sense of purpose. Family.</u>
<b>Important for:</b>	<u>coloring, outings, staying active, biking Country music.</u>
<b>Likes:</b>	<u>Drinking coffee, movies, Lifetime channel.</u>
<b>Dislikes:</b>	<u>long waits, Fish, disrespectful people.</u>

Lead Review Completed: \_\_\_\_\_

Staff: Estrella Hughes  
 Date: 11.7.22



Service Recipient: Kelly Swenberger  
 Service Span: 8.22 / 8.23

**Outcomes:**

**Outcome #1:** Kelly will participate in class or work for a minimum of 30 mins. 1x day.  
 Summarize Steps: Kelly has a set, predictable schedule filled with classes, work time.

**Outcome #2:** Kelly will pick, participate in 1 community activity from list.  
 Summarize Steps: Staff will read, show Kelly a list, ask her where she would like to go.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** ~~is~~ communicates with limited verbal communications

**Learning Style:** learns best through simple instructions, practice.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ability Seasonal allergies.
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assist Kelly on cutting food up if needed staff will thicken her drink if needed.
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: She packs and prepares her lunch, if going on outing her staff will be notified.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff will encourage Kelly to drink w/ lunch, throughout the day to stay hydrated. Drink out of straw. DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assist her with this. Kelly can take meds handed to her but does not know what they are.
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff will assist Kelly to, from the bathroom, will give her privacy, assist giving her toilet paper to hold.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hard walking, cannot walk on her own will need assistants when walking.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Kelly does not follow safe pedestrian rules, without assistants.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may pick her hair, eyebrows, high-pitched voice, Kelly may "ask" your eyes and cast can scratch.
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
<b>Important to:</b>	Consistency in my routine, Family, listening to music.
<b>Important for:</b>	staying active, having continued opportunities in community.
<b>Likes:</b>	going out for coffee, getting hair, nails done.
<b>Dislikes:</b>	loud music, transition, changes in staff, waiting for lunch

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11-3-22



Service Recipient: Michelle Bergman

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Michelle will work on Ipad 1x week.  
Summarize Steps: staff will open a web browser, assist with checking her email.

Outcome #2: 1x a month Michelle will use Ipad to find an event.  
Summarize Steps: She will use the web browser to search local events

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: verbally. explained in a clear manner.

Learning Style: Michelle learns best through verbal instructions, modeling.

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>Lisinopril - staff will assist in MED administration help.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>She will ask if she needs something cut up.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She can tell others her food preference on likes &amp; dislikes</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>From a Traumatic Brain injury.</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Michelle can transfer from her wheelchair independently.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Michelle knows her MED's, takes only what is prescribed.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Assist with Bathroom use 1 person gate belt.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She has traumatic Brain injury on (L) side has history of falling</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Michelle wears her glasses independently.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: _____
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Safety, family, art, education</u>
Important for:	<u>Safety assistance to being independent as possible</u>
Likes:	<u>Peanut butter, apple sandwiches, going to the why with mom.</u>
Dislikes:	<u>Beef pork cottage cheese, Fish.</u>

Lead Review Completed: \_\_\_\_\_

Staff: Estelle Hughes  
 Date: 11.7.22



Service Recipient: Raynisha Watson  
 Service Span: 6.22 / 6.23

**Outcomes:**

**Outcome #1:** She will stand using her wheelchair for 30 sec. Tue. & Friday  
 Summarize Steps: Staff will let her know, set up the things she needs, stand with assistance for 30 sec.

**Outcome #2:** She will initiate a conversation 1x month with her service  
 Summarize Steps: When new opportunities arise staff will let her know, designated.

**Outcome #3:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** verbally

**Learning Style:** learns best with verbal, visual demonstrations, through practice.

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will always assist, be in room when eating, cutting food up</u> <span style="float: right;"><u>assist with</u></span>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Avoids eating pork, lactose intolerant</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Quadriplegia Cerebral <sup>palsy</sup> palsy</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> <u>Raynisha can complete task on her own, but may need help in some physical support.</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She can take meds that is handed to her. will need staff to set up meds support.</u> <u>She does not have fine motor skills</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Raynisha needs Full Assistance in Restroom</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Electric wheelchair.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will always need support in the community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>She wears glasses, and will ask for help on cleaning them.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>her family (Esp. Aunt) working towards her goals, living independent.</u>
<b>Important for:</b>	<u>having everyday physical support she needs, new community <sup>experienced</sup></u>
<b>Likes:</b>	<u>getting her nails done, shopping, bowling, hanging out with Aunt.</u>
<b>Dislikes:</b>	<u>loud noises, atmospheres, being bored and sitting around</u>

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11.7.22



Service Recipient: Bob Stewart (Robert)

Service Span: 4.22/4.23

Outcomes:

Outcome #1: Robert will practice skill of counting different materials/items.  
Summarize Steps: He has a scheduled 15 mins break everyday at the same break time, when its break staff will make an announcement to the group to stop.

Outcome #2: He will pick, participate in 1 community outing each month.  
Summarize Steps: staff will approach him at the start of each month with a list of planned outings.

Outcome #3: \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

Communication Style: communicates with limited verbal communication.

Learning Style: learns best through simple instructions, practice.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Low-Sodium, Phosphorus, renal diet.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Kidney disease, Renal Failure, Cerebral palsy</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will give him his medication if needed.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Robert has an Indwelling catheter the PAF does not empty. If Robert has a BM - 2 person Hoyer lift to mat or table to be used.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will assist Robert into the building, staff will verbally</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will always be onsite, in community with Bob. staff will assist in propelling his wheel-chair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will clean his glasses, make eye contact when speaking w/ him.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NIA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NIA</u>

Important to: His Dog Bentley, working and making a paycheck. staying Busy.

Important for: Physical support during the day. Following his diet.

Likes: working on wood projects, going Fishing

Dislikes: Bossy people, Lazy staff, being bored.

Lead Review Completed: \_\_\_\_\_

Staff: Estella Hughes

Date: 11.7.22



Service Recipient: Paul Dwyer

Service Span: 10.22/10.23

Outcomes:

**Outcome #1:** \_\_\_\_\_  
Summarize Steps:

**Outcome #2:** \_\_\_\_\_  
Summarize Steps:

**Outcome #3:** \_\_\_\_\_  
Summarize Steps:

**Communication Style:**

**Learning Style:**

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies -</u>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Paul may take to big of bites risk of choking. with cutting food up - Paul may need assist</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1250 calorie bite size diet. spastic quadriplegia, may need adaptors.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>recurring eye infections. Paul has advanced DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes vasovagal. no intubation, tube feeding to be discussed. Staff will call 911</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will use gait belt, 2 person assist to transfer him. Staff will assist Paul using portable urinal when needed.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair. Staff will ask if he needs transfer belt 2 person assist. help propelling hrs wheelchair.</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will always be with Paul at PAI, in community.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Paul has glasses but choose not to wear them.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Spending time with Family. having fun activities.</u>
<b>Important for:</b>	<u>Staying active, access to new, varied community services</u>
<b>Likes:</b>	<u>wrestling, x-mas music, coffee.</u>
<b>Dislikes:</b>	<u>Being Rushed, being picked on by others.</u>

Lead Review Completed: \_\_\_\_\_