



# In-Service Training Log – Oakdale

Date:

2/7/2023

Type of Meeting:

All-Staff

Training Time	Trainer Name	Content/Description
.5	Cortney Kelly	CT comp quiz-remote services
.5		CB <sup>outcome</sup> <del>comp quiz</del> remote services
.25		<del>SK</del> <sup>SK</sup> new outcome
.25		Remote services

Make up Date	Initial	Last Name
		<del>Basurto-Poferl, Mari</del>
		<del>Berglund, Sara</del>
	<i>AD</i>	Diaz, Amanda
	<i>PD</i>	Dyer, Paris
	<i>AFM</i>	Fierro-Montes, Alfredo
	<i>TG</i>	Gould, Trey
	<i>LS</i>	Hartman, Lisa
	<i>PL</i>	Lorsung, Tristen
2-10-23	<i>KP</i>	Perry, Kathy
	<i>MJ</i>	Sweeny, Maurita

Make up Date	Initial	Last Name
	<i>KY</i>	Yang, Katrina
	<i>LB</i>	Bludorn, Leslie
	<i>CS</i>	Canda, Cory

Make Up Date	Initial	Managers/Admin
		<del>Kelly, Cortney</del>
	<i>AS</i>	Shirley, Ashleigh

Make up Date	Initial	Other Attendees





# Competency Tracking Form Oakdale

Participant CB Annual Service Span: \_\_\_\_\_

Annual Meeting Date: \_\_\_\_\_ Date Assigned to Lead: \_\_\_\_\_ Quiz Due: \_\_\_\_\_

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

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

Date Completed	Initials	Full Name
<del>_____</del>	<del>_____</del>	<del>Basurto-Poferi, Mari</del>
<del>_____</del>	<del>_____</del>	<del>Berglund, Sara</del>
	<del>_____</del>	Diaz, Amanda
	PD	Dyer, Paris
	AM	Fierro-Montes, Alfredo
	TG	Gould, Trey
2-17-23	UX	Hartman, Lisa
<del>_____</del>	<del>_____</del>	<del>Kelly, Cortney</del>
2-7-23	TL	Lorsung, Tristen
2-7-23	ML	Sweeney, Maurita
2-10-23	KP	Perry, Kathy
	AS	Shirley, Ashleigh
2-7-23	KY	Yang, Katrina

Date Completed	Initials	Full Name
	LB	Bludorn, Leslie
	CB	Cindy Brey

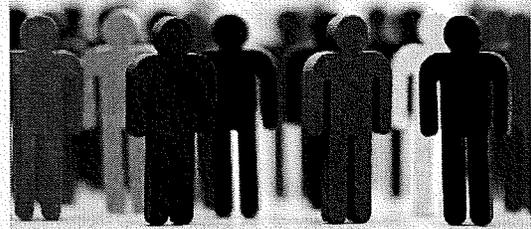
Date Uploaded to LMS: \_\_\_\_\_



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# PAI-Oakdale Team Meeting

2.7.2023



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## Welcome



Sign In



Introductions

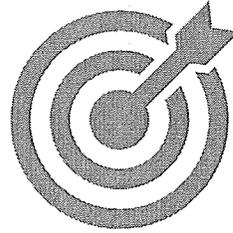


A moment of gratitude

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# Agenda

New Staff/Intern Chloe  
Remote Services  
Cassie B's Remote Competency Quiz  
Cathy T's Remote Outcome  
Susie's new Outcomes



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## Chloe- contracted Intern through STAR Services

- She comes to us with all of her 245d training done, so onboarding can be streamlined.
- Once trained, she can do everything a regular DSP can.
- Scheduled 10a-3:30p Mon/Wed/Fri
- She's with us for at least 12 weeks.

## Remote Services

- Starting February 14th with all music therapy sessions.
- Only the music therapist and staff should be in the camera's view.
- Anyone at any of the sites can join any session- we will be completing a competency quiz for everyone enrolled, more to come.
- The room where the music therapy takes place is in charge of entering in MITC for anyone who joins (clock in and clock out & and a progress note.)
- Outcomes need to be ran and tracked. Outcome information and tracking can be found on the Z Drive at Z/Remote Services

## Cassie B's Remote Only Comp Quiz

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: Cassie Behrman

Service Span: July 2022-2023

\*For Remote DSS training\*



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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided

<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> ■ No □ Yes	Describe Supports: PAI will provide opportunities to socialize and engage with others and her community. Cassie will have a caregiver (not a PAI staff) attend these outings with Cassie who will provide transportation, physical supports, and any health and medical needs during the outing.
<b>Sensory Support:</b> ■ No □ Yes □ N/A	List & Describe Supports: Near sighted and wears glasses. PAI staff will encourage Cassie to wear her glasses during remote services and will pair visual content with verbal descriptions and prompts.
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	

<b>Important to:</b> To be called Cassie; Cass or B, to do activities with letters, making choices, using technology, 1:1 time, her communication device, and music and pet therapy.
<b>Important for:</b> To be in good health, continue to formulate meaningful relationships, participate in music and pet therapy, and to do things for herself by using her skills and developing new ones.
<b>Likes:</b> Comedy videos, art projects, 1:1 time with staff, visits with her friends, community outings, playing the Wii, pet therapy and music therapy.
<b>Dislike:</b> Cassie dislikes it when she does not receive enough attention or participates in an activity for too long. She dislikes crowded areas and loud noises.
<b>Communication Style:</b> Communication device, limited verbalizations, including, "ha ha" and "all done", gestures, vocalizations, eye gazing/contact, and reaching for things she would like and pushing away things she does not want. Cassie has good receptive communication skills.
<b>Learning Style:</b> Cassie learns through consistent routine, repetition, physical and verbal prompts. This outcome will be completed daily for routine and repetition, and she is provided verbal prompts.
<b>DSS Remote Outcome and steps:</b> Cassie will choose between two provided options, making a choice or indicating a preference, 70% of opportunities until next review.  1) presented two options either over the webcam or have mom present them in person 2) verbally explain options 3) Cassie will make a selection using eye gazing, communication device, vocalizations, or reaching 4) Verbally praise and assist with using chosen item as appropriate.

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## Cathy T's Remote Outcome

"Weekly, Cathy will clap along with music or play an instrument for 1 minute during remote services sessions."

- During the music therapy session, staff will prompt Cathy that it is time to clap along or play along using an instrument.
- Staff will verbally encourage Cathy and model clapping or the use of the chosen instrument with a similar instrument through the webcam.

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## Susie's Updated Outcomes:

1. Daily, Susie will choose an activity to do during sensory time, 70% of trials until next review.
  - Susie will be presented with two or three sensory items/activities pictured on an iPad within her visual range and arms reach. Staff will tell Susie what each item is. (Puzzle, coloring book, massage, etc.)
  - Staff will ask Susie to choose an item/activity, repeating the item aloud as needed.
  - Susie can select an item by saying the name of the item or by pointing to the item.
  - Staff will verbally praise Susie if she makes a selection.
2. When on a community outing and making a purchase, Susie will give her money to the cashier 60% of trials until next review.
  - When Susie picks her community outing for the month, staff will encourage Susie to pick a location where she can make a purchase and work on her goal of being more independent with money.
  - When on an outing and in line to purchase an item or food, staff will assist Susie in getting out her money and preparing for the checkout process.
  - Staff will physically help Susie get the money into her hand and will prompt her to hand the money to the cashier at the appropriate time if Susie does not do so independently. Staff can assist hand over hand if Susie requires that level of support. Susie may also slide the money across her tray to the employee.
  - After the purchase is made, staff will verbally praise Susie and let her know that she did a good job.



Staff: Ashleigh Gray  
 Date: \_\_\_\_\_



Service Recipient: Cassie B.  
 Service Span: July 22-23

**\*For Remote DSS training\***

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: support socializing & engaging w/ others, Cassie will have caregiver w/ her who provides care, transportation, supports etc.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: near sighted & wears glasses, encourage to wear glasses during services, pair visual content w/ words
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided

**Unsupervised time while at PAI?**  
 \*No Supports Provided

**Important to:** being called Cassie, Cass or B, activities w/ letters, choices, tech 1:1 time, communication device, music & pet therapy

**Important for:** good health, meaningful relationships, music & pet therapy being independent

**Likes:** comedy videos, art projects, 1:1 time, visit w/ friends, outings, w/ pet & music therapy

**Dislike:** not enough attention, participating for too long, crowded areas, noise

**Communication Style:** COMM device limited verbalizations, gestures, vocalizations, eye gazing, reaching/pushing - good receptive skills

**Learning Style:** routine, repetition, physical & verbal prompts,

**DSS Remote Outcome and steps:**  
 choose between 2 options in 70% trials  
 Present two options over cam or have mom, explain objects  
 she'll choose - Praise & support using choice



Staff: Kathy Perry

Date: 2-10-23



Service Recipient: Cassie B

Service Span: 7/22-7/23

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI will provide opportunities to socialize + engage with others in her community. Cassie will have her own caregivers attend outings who will provide transp., physical supports + any health + medical needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Near sighted - glasses - encourage to wear during remote services. Pair visual content with verbal descriptions + prompts
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided

**Unsupervised time while at PAI?**

\*No Supports Provided

**Important to:** Being called Cassie, Cass, B, activities + letters, choices, technology 1:1, comm. device, music + pet therapy

**Important for:** be in good health, cont. to formulate meaningful relationships participate in music + pet therapy, do things by herself by using her skills + developing new ones

**Likes:** comedy movies, art projects, 1:1, friends, outings, roll, pet therapy music therapy

**Dislike:** not receiving enough attention, participating in an act. too long crowded areas, loud noises

**Communication Style:** comm. device, limited verbalizations including "haha" "all done" gestures, vocalizations eye gazing, reaching for things + pushing away good receptive comm. skills

**Learning Style:** consistent routine, repetition, physical + verbal prompts this outcome will be completed daily for routine + repetition and verbal prompts

**DSS Remote Outcome and steps:** Choose between 2 options, making a choice or indicating a preference

- 1 Present 2 options on webcam or in person
- 2 Verbally explain options
- 3 Will make selection using eye gazing, comm. device, vocalizations or reaching
- 4 Verbal praise: assist + using choices



Staff: Katrina Y

Date: 2.7.23



Service Recipient: Cassie B

Service Span: July 2022-23

\*Remote ONLY

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will have own staff at outings for cares PAI provide socialization
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: near sighted, wears glasses - visual content w/ prompts
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b> be called Cassie, Cass, Cass B; 1:1 time, activities w/ peers	
<b>Important for:</b> good health, independence, music/pet therapy	
<b>Likes:</b> comedy, art, friends, Wis, outings	
<b>Dislike:</b> not enough attention, crowded/loud noises	
<b>Communication Style:</b> Communication device; routine/repetition; limited verbalization	
<b>Learning Style:</b> ↓	
<b>DSS Remote Outcome and steps:</b> Provided 2 options - making a choice/indicate preference in 70% of opportunities	

Lead Review Completed: AS



Staff: Alfredo Jimeno-Montes  
 Date: 2/7/23



Service Recipient: C.B.  
 Service Span: ~~Jan 23-24~~  
July 23-24

\*For Remote DSS training\*

Remote Service Only

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:  <u>PAI will provide opportunities to socialize/engage w/others.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:  <u>Near Sighted, wears glasses. Verbal descriptions/prompts.</u>
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b> <u>To be called Cassie, Cass or "B", activities w/letters, making choices</u>	
<b>Important for:</b> <u>Good health, meaningful relationships, Music Therapy, being independent.</u>	
<b>Likes:</b> <u>Comedy videos, art projects, 1:1 time w/staff, outings, Wii, pet therapy</u>	
<b>Dislike:</b> <u>Not enough attention, loud noises, crowded areas.</u>	
<b>Communication Style:</b> <u>Comm device, limited verbalizations, "haha", "all done", gestures.</u>	
<b>Learning Style:</b> <u>Routine/Repetition.</u>	
<b>DSS Remote Outcome and steps:</b> <u>Cassie will be provided two options, making a choice, 70% of opportunities. Presented two options over webcam or have man present them in person.</u>	

Lead Review Completed: AS



Staff: Troy G  
 Date: 2/7/23



Service Recipient: CB  
 Service Span: Jan 23 - Jan 24  
July July

\*For Remote DSS training\*

Only for remote services

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Socialize in community Caregiver takes care medical needs</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Near sighted, wears Glasses, Give verbal descrip</u>
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b>	<u>Cassie Cass, B, letters, Choices, Technology 1:1 time, Comm device, music and pet therapy</u>
<b>Important for:</b>	<u>Good health, relationships, therapy (music, pet) Independent</u>
<b>Likes:</b>	<u>Comedy videos, Art, 1:1 time staff, visits, Community, Wii</u>
<b>Dislike:</b>	<u>Not enough attention, Crowded loud noises</u>
<b>Communication Style:</b>	<u>Comm device, limited verbalizations "haha" "all done", eye gazing, pushing away items</u>
<b>Learning Style:</b>	<u>routine, repetition, physical and verbal prompts</u>
<b>DSS Remote Outcome and steps:</b> <u>Choose between 2 options in 75% of all opportunities</u> <u>1) Present 2 items over webcam, mom present 2) verbally explain, 3) Cassie makes selection</u> <u>4) verbally praise</u>	

Lead Review Completed:



Staff: Tristen L.

Date: 2.7.23



Service Recipient: C.B.

Service Span: July 22-23

\*For Remote DSS training\*

Only Remote Services

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI- provide opportunities to socialize, C.B. will have care given to provide transport, physical & health support
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Near sighted wears glasses
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b> Called Cassie, activities with letters; making choices	
<b>Important for:</b> good health, meaningful relationships, music therapy	
<b>Likes:</b> comedy videos, art projects, 1:1 time w/staff	
<b>Dislike:</b> not enough attention, crowded places, loud noises.	
<b>Communication Style:</b> comm. device, limit verbal, vocalizations, facial expressions, reach/push items	
<b>Learning Style:</b> routine, rep., physical/verbal prompts.	
<b>DSS Remote Outcome and steps:</b> Choose between 2 provided options.	

Lead Review Completed: AS



Staff: Amanda Diaz



Service Recipient: CR

Date: 2/7/2023

Service Span: 7/22 - 7/23  
22 23

**\*For Remote DSS training\***

Only Remote ~~ones~~

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI will provide times to socialize with staff and friends from PAI while she is out with her own staff
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Near sighted & wears glasses.
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b> To be called Cassie, Cass, or B, staff w/ letters, 1:1 time w/ staff music, Pet therapy, making choices	
<b>Important for:</b> good health, meaningful relationships, pet & music therapy, things to do by herself	
<b>Likes:</b> funny videos, art projects, 1:1 time w/ staff, visits w/ friends, community outings, playing Wii	
<b>Dislike:</b> Not enough attention, too long on an activity, loud and crowded rooms.	
<b>Communication Style:</b> communication device, limited verbalization "ha, ha, all care" push and pull something away	
<b>Learning Style:</b> routine and rep. making choices	
<b>DSS Remote Outcome and steps:</b> will choose between two <del>interests</del> choices indicated preferences	

Lead Review Completed: AS



Staff: Cindy Bray  
 Date: Feb 7 '23



Service Recipient: Cassie B  
 Service Span: ~~Jan 28 - 21st~~  
July 22 - 23

**\*For Remote DSS training\***

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI will provide opportunities w/ others in community 1x a month. <del>Cass</del> <u>no PAI transport</u> <u>physical health needs.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Near sighted - glasses.</u> <u>Encourage to wear glasses - verbal descriptions &amp; prompts</u>
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided

**Unsupervised time while at PAI?**  
 \*No Supports Provided

**Important to:** music & pet therapy,  
Called Cassie, Cassie B, activities w/ letters, Choice making, L:1 items

**Important for:** being independent  
Good health, meaningful relationships, music/pet therapy,

**Likes:**  
Comedy videos, art, L:1 w/ stuff, friends, outings, Wii games,

**Dislike:**  
Not enough attention, crowded & loud areas, activity too long,

**Communication Style:**  
eye gaze.  
Communication devices, gestures, vocal, reaching, pushing

**Learning Style:**  
Routine, repetition, physical/verbal prompts.

**DSS Remote Outcome and steps:**  
1) Choose between 2 choices indicating preference  
70/20.  
Present 2 options, mom may help. 2) Verbal prompts,  
explain options. 3) eye gaze for selections  
4) Verbal praise.



Staff: Leslie Bludorn

Date: 2-7-23



Remote Services  
Service Recipient: Cassie B

Service Span: 1-22 - 7-23

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>PAI will provide opportunities to socialize in community Cassie will have her own caregivers</i>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Near sighted and wear glasses PAI staff will encourage Cassie to wear her glasses during remote</i>
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided <i>No supports provided</i>

**Unsupervised time while at PAI?**

\*No Supports Provided

**Important to:** *to be called Cassie Cass or B, to do activities with letters, making choices, using technology 1:1 time, her communication device, music*

**Important for:** *to be in good health, meaningful relationships, participate in music and art therapy and do things for herself using her skills*

**Likes:** *Comedy videos, art projects 1:1 time with staff*

**Dislike:** *No attention, lengthy activities, loud noises*

**Communication Style:**  
*communication devices, limited - "Cha, ha all done" pulling or pushing away items*

**Learning Style:**  
*consistent routine, physical and verbal prompt*

**DSS Remote Outcome and steps:**

*Cassie will choose between 2 options, make a choice indicating preferences*



Staff: Paris D  
 Date: 2/7/23



Remote Services  
 Service Recipient: Cassie B  
 Service Span: 7/22-7/23

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAI will provide opportunities to socialize in community Cassie will have her own caregiver.</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Near sighted and wears glasses. Will encourage to wear glasses.</u>
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> *No Supports Provided	
<b>Important to:</b>	<u>music &amp; Pet therapy</u>
<b>Important for:</b>	<u>To be called Cassie, letter activities, technology, 1:1 time</u>
<b>Likes:</b>	<u>meaningful relationships, independence, participation</u>
<b>Dislike:</b>	<u>Comedy videos, art projects</u>
<b>Communication Style:</b>	<u>No attention, lengthy activities, loud noises</u>
<b>Learning Style:</b>	<u>communication devices, limited communication (ha ha "all done"), pulling or pushing away items</u>
<b>DSS Remote Outcome and steps:</b> <u>consistent routine, physical and verbal prompt</u> <u>Cassie will choose between 2 options, make a choice indicating preferences.</u>	

Lead Review Completed: AS



Staff: Lisa Hartman  
 Date: 2/7/23

only Remote



Service Recipient: Cassie B.  
 Service Span: Jan 3-24  
July 22-23

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Opportunities to go into comm. - PAI & PAI staff transp. / staff / health mch
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: near sighted, wears glasses visual content & verbal descr. + prompt fr
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided
<b>Unsupervised time while at PAI?</b> <u>no</u> *No Supports Provided	
<b>Important to:</b>	<u>called Cassie, email or FB - activities &amp; letters, making choices, use technology, comm. device, music, pet therapy</u>
<b>Important for:</b>	<u>good health, meaningful relationships, being ind, music, pet therapy</u>
<b>Likes:</b>	<u>comedy videos, art projects, lit, visits &amp; friends, comm. outings, w/</u>
<b>Dislike:</b>	<u>not enough attention, too long &amp; activity, car crowds + loudness</u>
<b>Communication Style:</b>	<u>device, limited vocal, gestures, eye gazing, reaching for or push away items</u>
<b>Learning Style:</b>	<u>consistent routine, repetition, p+ v prompts</u>
<b>DSS Remote Outcome and steps:</b>	<u>choose between 2 provided options, make choice or indications pref. 70% of opportunities</u>  <u>present 2 options</u> <u>verbal explain</u> <u>choose</u>  <u>Verbal praise + assist in using</u>

Lead Review Completed: AS



Staff: Maura Sweeney  
 Date: 2/7/2023



Service Recipient: Cassie B  
 Service Span: July 22-23

\*For Remote DSS training\*

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

<b>Allergies:</b>	List & Describe Supports: *No Supports Provided
<b>Seizures:</b>	Describe Supports: *No Supports Provided
<b>Choking/ Specialized Diet:</b>	Describe Supports: *No Supports Provided
<b>Chronic Medical Conditions:</b>	List & Describe Supports: *No Supports Provided
<b>Medication:</b>	Describe Supports: *No Supports Provided
<b>Personal Cares:</b>	Describe Supports: *No Supports Provided
<b>Mobility/Fall Risk:</b>	Describe Supports: *No Supports Provided
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI provides opportunity for socialization and engagement. Cassie will have own staff provider by self.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: near sighted, wears glasses, staff will encourage her to wear glasses.
<b>Behavior Support:</b>	List & Describe Supports: *No Supports Provided N/A

**Unsupervised time while at PAI?**  
 \*No Supports Provided

**Important to:** Being called Cassie, Cassio B. Doing activities with letters, communication device, music,

**Important for:** good health, meaningful relationships, independence.

**Likes:** Comedy videos, Art projects, 1:1 time, visits with friends, community outings. Will

**Dislike:** not enough attention, activity too long, crowded, loud noises.

**Communication Style:** communication device, vocalizations, gestures, eye gaze, reaching for pushing

**Learning Style:** Routine, Repetition, Physical, verbal prompts

**DSS Remote Outcome and steps:** Choose 2 options 70% opportunities Present 2 options, verbal explain, Cassie will make choice, offer verbal prompts, assist in using.

Lead Review Completed: AS

