In-Service Training Log – Linden

Date: 1.10.2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1	Maddy K			SO, SB, KP, JP Comp quiz
.25	Maddy K			Timesheets and TM CSSP review

Make up Date	Initial	EE ID	Last Name
	KB		Bauch, Kia
			~~Cowherd, Katina~~
			Cox, Alice
			Hetchler, Maria
			Johnson, Natalie
			Kalu, Festus
		DL	Lepley, Deanne
		SM	Mafi, Sommer
	KM		McKnight, Kyla
			~~Olson, Emily~~
			Rice, Colette
			Sales, Jill

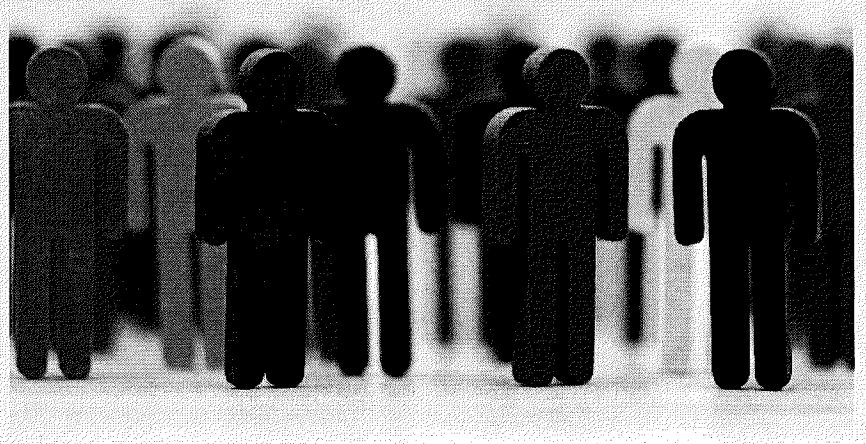
Make up Date	Initial	EE ID	Last Name
			Sandstrom, Erin
			Sims, Aija
			Stacken, Laura
			Tieszen, Ellie
			Yang, Lisa
			Yekaldo, Ralph
			Leslie Bludorn

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

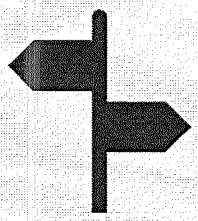
Make up Date	Initial	EE ID	Admin Staff

PAI-
Linden/Oakdale
Team Meeting

1/10/2023

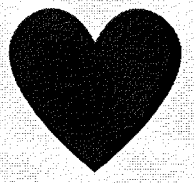


Welcome



Sign In

Introductions

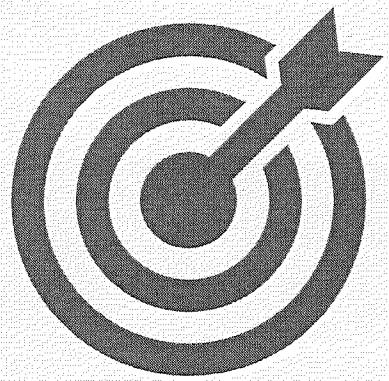


A moment of gratitude

Agenda

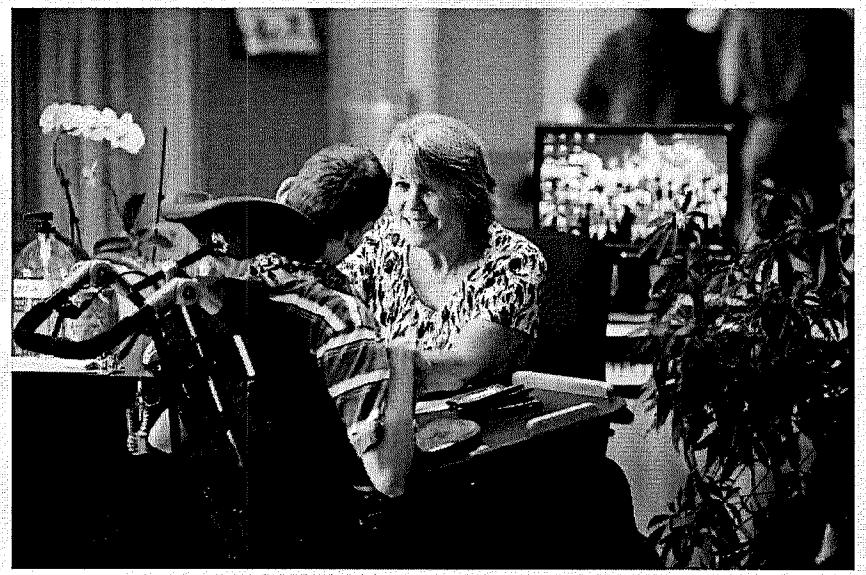
Welcome
Site-Specific Updates
Agency-Wide Updates
Policy and Procedure Review
Employee Handbook Review
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up



Site-Specific Updates

Timesheets have been a disaster. It is up to you to manager your own timesheet. Ensure you have all times entered before submitting.



[redacted] Shannon O'Brien

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, Cluster Complex Partial -Staff will monitor for seizure activity and ensure they are trained on her protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar like thin liquids and mechanical soft foods. No hard/raw fruit/veggies, tough meats, breads, nuts, or seeds. -Staff will follow dietary orders and encourage small drinks between bites.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para paresis, Neurogenic bladder -Staff will assist with managing her chronic medical conditions. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff set up and pass medications to Shannon according to the order or pharmacy/prescription bottle. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*

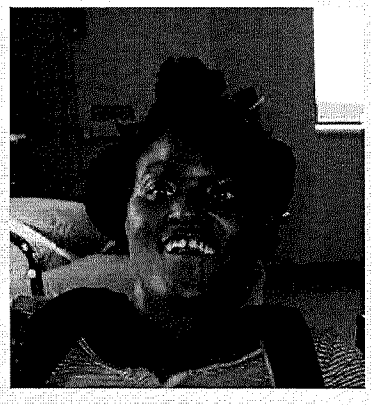
[redacted]

Personal Cares: ☒ **No** ☐ **Yes**	Describe Supports: Has a mitrofanoff channel for urinary needs. Disposable brief and matt table. Two person hoyer lift or in-ceiling track system. -All staff who assist Shannon with this have been trained by a RN.
Mobility/Fall Risk: ☒ **No** ☐ **Yes**	Describe Supports: High risk of falling due to medical conditions and seizure disorder. Uses electric wheelchair for mobility. -Staff ensure Shannon has all safety straps and belts on. When in the recliner, staff will put the footrest up to prevent falls.
Community Support: ☒ **No** ☐ **Yes**	Describe Supports: 1:1 while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒**No** ☐ **Yes** ☐ **N/A**	List & Describe Supports: Limited hearing in right ear and vision impairment. -Staff speak to Shannon on her left side and assist in caring for her glasses.
Behavior Support: ☒**No** ☐ **Yes**	List & Describe Supports: Mental health- Depression. May display loss of interest, sadness, and withdraw herself. -Staff will monitor for signs of depression and encourage her to talk about her feelings should she need.

[redacted]

Unsupervised time while at PAI? ☒ **No** ☐ **Yes**
Important to: Her mom, her cousin Katie, working, baking, helping, advocating for others, being involved in age-appropriate activities
Important for: Mitrofinoff, having adequate time to respond, a team that knows her well
Likes: Participating in activities she enjoys, seeing her peers at PAI, visiting other program rooms, and helping when it is needed.
Dislikes: Being uncomfortable or in pain, feeling depressed, having others around her feel sad, and not being able to come to PAI.
Communication Style: Verbal, facial expressions, body language, knows some sign
Learning Style: Kinesthetic, verbal prompting and through repetition

Sharmiki Byndum



Allergies: ☒ **No** ☐ **Yes** ☐ **N/A**	**List & Describe Supports:** Seasonal allergies. Avoids using Tylenol/Aceraminophen -Staff assist Sharmiki in wiping her nose should she need and communicate concerns regarding her allergies to her team. **Medication Allergies? ☐ No ☒ Yes** ***Listed on MAR, only administer meds per dr. order***
Seizures: ☐ **No** ☐ **Yes** ☒ **N/A**	Describe Supports: NA
Choking/ Specialized Diet: ☒ **No** ☐ **Yes**	Describe Support: Continuous feeding pump and pleasure tasting of mechanically soft food. -Staff check pump to ensure proper rate (80cc/hr) and assist her with her pleasure tasting. Staff will communicate concerns to team.
Chronic Medical Conditions: ☒ **No** ☐ **Yes** ☐ **N/A**	List & Describe Supports: Mild Intellectual Disability, Cerebral Palsy, Spastic Quadriplegia, Scoliosis with spinal fusion, Osteoporosis, Dystonia, Hip Dysplasia, GERD, IBS -Staff assist in managing chronic medical conditions and report any concerns to Sharmiki's team. DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*

[redacted]

Medication: ☒No ☐ Yes	Describe Supports: All medication passed via g-tube by trained med passer. Requires full assistance with medication administration. **Daily medication at PAI? ☐ No ☒ Yes** ***A trained staff will administer meds per a signed dr. order***
Personal Cares: ☒No ☐ Yes	Describe Supports: Disposable brief, mat table, transferred using two person Hoyer lift or in-ceiling track system. Has skin breakdown. -Staff will assist with transfers and personal cares. Should she have skin breakdown, staff will reposition or offer recliner if available.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair propelled by staff. Increased risk of falls due to chronic medical conditions. -Staff ensure shoulder straps and seatbelt are fastened in chair.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community ☒Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervsion to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty with vision, noise sensitivity -Staff will ask Sharmiki what she is looking at and if it seems she is having trouble, staff will describe what it is. Staff assist SB to wear noise cancelling headphones should she request

[redacted]

Behavior Support: ☐ **No** ☐ **Yes**	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ **No** ☐ **Yes**	
Important to: Her family, friends, music, being independent, advocating for herself and others, being involved	
Important for: Her protocols, advocating for herself, and her team	
Likes: writing letters and emails to friends and family, listening to music, relaxing in the recliner, spending time with her peers, plays, acting, art	
Dislikes: Feeling unheard, when others have a hard time understanding her, stomach discomfort, when her friends are sick, loud environments	
Communication Style: Verbal	
Learning Style: auditory, visual, kinesthetic	

[redacted] Kelly Pederson

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies. Staff will monitor for signs of seasonal allergies and will communicate concerns to her team. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat too quickly. Staff encourage healthy food choices and low sodium foods.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemiparesis, Neurogenic bladder, Scoliosis, Right hip dysplasia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: May refuse or choose not to follow all Dr's orders. Staff follow prescribers' orders when passing medication to Kelly should she need. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐ Yes	Describe Supports: Disposable brief, mat table, transferred using in-ceiling track system or hoyer lift. -Staff assist Kelly in transfers and completing personal cares. Staff ensure she wears clean and dry clothing

[redacted]

Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Due to increased falls- Kelly no longer transfers independently. May not like to use footrests, causing injury. Staff will encourage Kelly to utilize her footrests. Staff propel chair long distances.
Community Support: ☒No ☐ Yes	Describe Supports: 1:1 in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment- near sighted. Does not wear glasses. -Staff support Kelly by describing objects if needed
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Throws items, Depression -Staff encourage Kelly to use words to express her emotions. Staff will offer breaks or a quiet space to Kelly if needed.

Unsupervised time while at PAI? ☐ No ☒ Yes

15 minutes to navigate hallway or visit program area

[redacted]

Important to: Planning her schedule, going out for activities, going to church, camp, arts and crafts
Important for: staff that support her to make healthy choices, having staff that know her well, being able to plan her schedule, getting into the community
Likes: participating in activities she enjoys, socializing with peers, coloring, listening to music, knowing her schedule
Dislikes: Being bored or not liking the activity being done, not being able to socialize, experiencing bad weather
Communication Style: Verbal
Learning Style: repetition, modeling, kinesthetic

[redacted]

Justine Pullum

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose -Staff are aware of her sensitivity and support her to avoid lactose products Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder- has daily seizure med and protocol with PRN med. Frequent clonic tonic seizures but may experience partial/complex seizures. -Staff are trained on Justine's protocol and report any seizure activity to team
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: Bite size pieces. May eat finger foods too quickly. Able to drink from a straw or sippy cup, will reach for drink when thirsty. -Staff give verbal cues to slow down and chew. Staff encourage her to eat and drink independently.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, Amenorrhea, Sever Intellectual Disability -Staff assist in monitoring chronic medical conditions and will communicate concerns to her team DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*

[redacted]

Medication: ☒ No ☐ Yes	Describe Supports: Orally with food and drink. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, in-ceiling track system -Staff assist with personal cares and to wear clean and dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions and seizure disorder- high risk of falls. Uses manual wheelchair for mobility. -Staff propel wheelchair and assist her to reposition during her day.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to her face. Staff offer sensory or other activities that don't involve having her face touched. -Staff will wipe face as quickly as possible should they need.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious behaviors. Justine may push her finger into her eye socket. Justine may apply enough pressure to pop her eye out. -Staff support her to wear her glasses and her doctor prescribed mitten. Staff will help re-direct and monitor for signs of displacement. Should eye be displaced, call 911.

[redacted]

Unsupervised time while at PAI? ☒ **No** ☐ **Yes**
Important to: Family, being involved or activities, being offered choices, not having her face touched, listening to music, having good food
Important for: Seizure protocol, glasses and protective mitten, having staff that know her well, having help to not poke her eye
Likes: Being a part of the group, music, dancing, music therapy, finger foods, eating independently
Dislikes: having her face touched, long periods of hand over hand, vegetables or ice cream, being left out, not being offered choices
Communication Style: Facial expressions, vocalizations, eye pointing at picture cards
Learning Style: Kinesthetic and vestibular. Benefits from routine and repetition.

CSSP Reviews

Tomas Morales

Wrap Up

Thoughts and feedback on new All-Staff

- Agenda
- Objectives
- Suggestions for continued improvement

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

Any final thoughts?

Competency Tracking Form
Linden Site

Participant: Sharmiki Byndum **Annual Service Span: Sep 22- Sep 23**

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

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

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

Date Completed	Initials	Full Name
	KB	Bauch, Kia
		~~Cowherd, Katina~~
		Cox, Alice
		Hetchler, Maria
		~~Hiland, Lindsay~~
		Johnson, Natalie
		Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla
		~~Olson, Emily~~
		Rice, Colette
		Sales, Jill

Date Completed	Initials	Full Name
		Sales, Jill
	ES	Sandstrom, Erin
	AJ	Sims, Aija
		Stacken, Laura
		Tieszen, Ellie
		Yang, Lisa
		Yekaldo, Ralph
		Bhudoyal

Date Uploaded to LMS: _____

Staff: Natalie Johnson
Date: 1-13-2023

Service Recipient: Starmiki Byndum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies avoid tylenol -assist wiping her nose Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continuous feeding pump and pleasure tasting of mechanically soft food. ensure pump is @ proper rate (88cc/hr)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual disability, Cerebral palsy, Spastic quad, Scoliosis w/ spinal fusion, osteoporosis, dystonia DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All meds paseed through g-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief and mat table has skin breakdown
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair propelled by staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: difficulty with vision, noise sensitivity
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, friends, music, being independent, advocating for herself and others	
Important for: her protocols, advocating for herself and her team	
Likes: Writing letters and e-mails to friends and family, listening to music, relaxing in the recliner	
Dislikes: feeling unheard, when others have a hard time understanding her, stomach discomfort, when her friends are sick, loud environments	
Communication Style: Verbal	
Learning Style: auditory, visual, kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Maria. H

Date: 1/ 10 / 23

PAI

Service Recipient: [redacted] Starmiki

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~Staff are aware of h monitor [redacted]~~ Seasonal allergies. Avoid using fluid not /t acetaminophen staff will help assist wipping her nose. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: ~~[redacted]~~ Feeding prompted and pleasure testing of soft food. staff check pump to ensure rate 80cc/hr and assist her with pleasure tasting. staff will communicate concerns to te
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual disability cerebral palsy, spastic DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All medication passed with gtube Full assits with Meds Administration Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transferred using two person hoyer lift or in-ceiling track system. has skin breakdown - staff will assists with transfers and personal cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair propelled by staff. - staff ensure shoulder straps and seatbelt are fastened in chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty with, noise sensitivity - staff will ask Starmiki what she is looking at and if it seems she is having trouble, staff will describe what it is & assist to wear noise cancelling headphone should she request.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, Friends, music, being independent, advocating for herself for herself and others, being involved.

Important for: protocols, advocating for herself, and her team

Likes: Writing letters and emails to friends and family, listening to music, Relaxing in the recliner, spending time with peers, plays, acting, art.

Dislikes: Feeling unheard, when others have a hard time understanding her, stomach discomfort, when her friends are sick, loud environments

Communication Style: Verbal

Learning Style: Auditory, Visual, kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jill Sales
Date: Jan. 10, 2023

Service Recipient: Sharmiki Byrd
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies avoidy level Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: n/a
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: continuous feeding pump + pleasure tasting
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild intellectual disability quadriplegia scoliosis, dysphasia osteoporosis GERD, NBS, spinal fusion dystonia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: meds via g-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, matt table *has skin breakdown 2 person transfer or intruck ceiling
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wc propelled by staff, at risk due to medical. staff assure shoulder straps on.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: dificulty with vision + noise sensitivities
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: n/a
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, friends, music, advocating for herself	
Important for: protocols, advocating for herself	
Likes: writing letters + emails to friends + family, music, relaxing activities, time w/ peers	
Dislikes: feeling unheard, when others have hard time understanding, when friends are sick	
Communication Style: verbal	
Learning Style: auditory, visual, kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Aryal Sims

Date: 1/10/23

Service Recipient: Sharmiki Bynum

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies avoid using tylenol/acetaminophen Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: continuous ~~pour~~ feeding pump and pleasure tasting of mechanically soft food
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild intellectual disability, cerebral palsy, spastic quadriplegia, scoliosis w/ spinal fusion, osteoporosis, dystonia, hip displagia) DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: medications are passed via g-tube. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mattable, transfer using in-ceiling track. staff assist w/ personal cares, should she have skin break down staff will offer to reposition or recliner.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair propelled by staff.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 on community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☒ Yes ☐ N/A	List & Describe Supports: difficulty w/ seeing, staff will ask sharmiki what she is looking at and describe what it is.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, friends, being independent, advocating for herself and others.	
Important for: her protocol, advocating for herself, and her team	
Likes: writing letters and emails to friends and family, listening to music, relaxing in the recliner, spending time w/ peers, acting, plays	
Dislikes: feeling unheard, not understanding her, stomach discomfort, loud enviroments	
Communication Style: verbal	
Learning Style: auditory and kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 1.10.2023

PAI

Service Recipient: SHARMIKI PYNDUM
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SEASONAL, AVOID - TYLENOL STAFF ASSIST W/ WIPING HER NOSE. COMMUNICATES HER CONCERNS. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: CONTINUOUS FEEDING PUMP - PLEASURE TASTING, MECHANICALLY SOFT EGG CHECK PUMP - RATE (80CC/HR) - STAFF ASSIST W/ PLEASURE TASTING
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: MILD ID, CP, SPASTIC QUADRIPLEGIA, SCOLIOSIS SPINAL INFUSION, OSTEOPOROSIS, IBS. DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: MEDS PASSED VIA G-TUBE. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, MAT TABLE, IN CEILING TRACK SYSTEM. SKIN BREAKDOWN - REPOSITION
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MANUAL W/C, STRAPS/SEATBELT IN CHAIR
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: STAFF WILL ASK SHARMIKI WHAT SHE IS LOOKING AT AND DESCRIBE WHAT IT IS.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: FAMILY, FRIENDS, MUSIC, BEING INDEPENDENT, ADVOCATING FOR HERSELF, BEING INVOLVED.	
Important for: PROTOCOLS, ADVOCATING FOR HERSELF, HER TEAM	
Likes: WRITING LETTERS/EMAILS, MUSIC, RELAXING IN RECLINER, TIME W/ PEERS, PLAYS, ACTING, ART	
Dislikes: FEELING UNHEARD, NOT UNDERSTANDING HER, STOMACH DISCOMFORT, LOUD ENVIRONMENTS	
Communication Style: VERBAL	
Learning Style: AUDITORY, VISUAL, KINESTHETIC	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Lisa Yang

Date: _____

PAI

Service Recipient: Sharniki Byndum

Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Allergies. Avoid using Tylenol/Acetaminophen. Staff wiping her nose as need & commuicate concerns regarding. Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Feeding pump & pleasure tasting.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual disability. Cerebral Palsy, Scoliosis DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: All medications passed via g-tube. trained med passers. Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief. mat table, transfer using two person hoyer lift, in-ceiling track. Has skin breakdown. Staff reposition when offer recliner.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Manual wheelchair. Shoulder straps for safety.
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in the community - ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty w/ vision + noises
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Family, Friends, music, being independent, advocating for herself & others. being involved.	
Important for: Protocals, advocating for herself & team.	
Likes: Writting letters, emails. listening to music, relaxing in recliner	
Dislikes: Feeling unheard, stomach discomfort.	
Communication Style: Verbal	
Learning Style: Auditory, Visual, Kinestetic.	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: 1/10/23

Service Recipient: Sharmiki Byndum

Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies, Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Continous pump 80cc/hr -pleasure tasting
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual disability, Cerebral Palsy, Scoliosis DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: meds via g-tube Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: in-ceiling track to mat table
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: manual wheelchair shoulder straps for safety
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty w/ vision + noise
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:
her family, friends, music

Important for:
her protocols, advocating for herself + her team

Likes:
writing letters, music, relaxing in the recliner

Dislikes:
feeling unheard, stomach discomfort

Communication Style:
verbal

Learning Style:
auditory, visual, kinestetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Colette Rice
Date: 1·10·23

Service Recipient: Sharmiki
Service Span: Byndum

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies, Avoid assist in wiping nose Tylenol Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feeding check pump and pleasure tasting
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: mild intellecual disability CP, Spastic quad. Gerd IBS DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Passed via g-tube trained by med passer Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling trac. offer recliner if available
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair propelled by staff Shoulder Straps + Seatbelt fastened
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: difficulty w/ vision, Staff ask her what looking at.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, friends, music, being involved	
Important for: Protocols, advocating for self, her team	
Likes: writing letters, family, friends, music	
Dislikes: feeling unheard, Stomach discomfort loud environments	
Communication Style: Verbal	
Learning Style: auditory, visual, Kinethetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: DEANNE Lepley
Date: 1-10-23

PAI

Service Recipient: Sharmili Bynum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies avoids tylenol + acerminophen Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☒ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: continuous feeding pump + Pleasure tastings of mechanically soft foods. pump 80cc/hr
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual Disability cerebral palsy, spastic quadriplegia scoliosis, w/spinal fusion, osteoporosis, Dysronia, hip dysplasia, GERD, IBS DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All med passed via G-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Dishabe brief, mat table using 2 person Hoyer or in-ceiling track. Hair skin breakdown
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual w/c Propelled by Staff Increased risk of falls due to chronic med. conditions Staff ensure shoulder straps + seatbelts on
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in comm. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty w/ vision, noise sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	family, friends, music, independent, being involved
Important for:	protocols, advocating for herself, her team
Likes:	writing letters + emails to friends + family, listening to music
Dislikes:	feeling unheard, stomach discomfort
Communication Style:	Verbal
Learning Style:	auditory, visual + kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ellie T

Date: 1/10/23

Service Recipient: Sharmiki

Service Span: Byndum

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies, Avoid using tylenol / Acetaminophen. staff will help assist wiping her nose. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continuous feeding pump and pleasure testing of solid food Staff check pump to ensure rate 80 cc
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild intellectual disability cerebral palsy, spastic, quadriplegia scoliosis with some seizures DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All medication passed via g tube requires full assistance Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief should she have slow breakdown staff will reposition or offer recliner.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair propelled by staff increased risk of falls due to chronic illness.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: difficulty with vision, noise sensitivity staff will assist with noise cancelling headphones
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, friends, music, being independent, advocating for herself and others.	
Important for: her protocols, advocating for herself.	
Likes: watching movies and emails to friends and family likes listening to music relaxing in recliner	
Dislikes: feeling unheard when others have a hard time understanding her stomach discomfort, loud environments	
Communication Style: Verbal	
Learning Style: Auditory, visual, kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Leslie Bludorn
Date: 1-10-23

PAI

Service Recipient: Shasmuki Byndum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies, Needs using Tylenol - Staff will assist whipers nose. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continuous feeding pump and pleasure tastings of mechanically soft food - pepper tato 80cc
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Med dntellectual Disabilty Cerebral Palsy, Scoliosis with spinal fusion, Osteoporous Dystonia DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All medication passed via - g-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Bus possible bed, mat table - transferred using two person Hoyer lift or ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair propelled by staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in Community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Will ask what she is looking at -
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throws items, Repression - staff encourage Kelly to use words to express her emotions, Staff will offer breaks or a quiet space
Unsupervised time while at PAI? ☐ No ☒ Yes	15 minutes to navigate hallway or visit program area
Important to:	Her family, friends, music being independent, advocating herself and others, being involved
Important for:	Her protocols, advocating having staff know her well
Likes:	participating in activities she enjoys, socializing with peers, coloring music
Dislikes:	Being bored or not liking the activity being done, not being able to socialize, bad weather
Communication Style:	Verbal
Learning Style:	repitition, modeling, Kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Laura Stacken
Date: 1/10/23

Service Recipient: Sharniki Byrdum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Allergies Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continous feeding Pump & Pleasure tessting of mechanically
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, IBS Mild Intellectual Disability, CP, Spastic Quad, Scoliosis w/ spinal fusion, Osteoporosis, Dystonia, Hip Dysplasia DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All med Passed via g-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, mat table, transferred two person Hoyerlift or in ceiling track system Has skin breakdown.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual Wheelchair Propelled by Staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 Community. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision, noise sensitivity
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, Friends, Music, Independent, advocating for herself & others being involved	
Important for: Protocols, advocating for herself, & her team	
Likes: Writing letters, & emails, to friends & family, music, relaxing in the recliner, Spending time w/ her Peers, Plays, acting, art	
Dislikes: feeling unheard, When others have a hard time, Stomach discomfort	
Communication Style: verbal	
Learning Style: Auditory, visual, kinestetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Summer

Date: 1·10·23

Service Recipient: Sharmiki 3

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal, Allergies using tylenol Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continuous feeding pump, pleasure tasting
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild intellectual disability, CP, Gerd, IBS Dystonia, hip dysplasia DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All Meds Passed Via g tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable briefs mat taken, has skin break down
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair propelled by staff, shoulder strap and seatbelt
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty w/ vision, noise sensitivity
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	friends, family, music, being independent
Important for:	protocols, her team, advocating for herself
Likes:	writing letters / emails, listening to music, plays, acting
Dislikes:	feeling unheard, loud environments
Communication Style:	Verbal
Learning Style:	Auditory, visual, kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Alicia Lox
Date: 1-10-2023

PAI

Service Recipient: Shawnikki Bymdum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal, Advil Tylenol Staff assist w/ verifying meds Communicate concerns Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continous feeding Pump, Pleasure Eating- if mechanical soft, check pump Rate 80cc/h staff
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild ID, CP, Spastic Quad, Scoliosis Spinal Fusion, Osteoporosis IBS DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Meds passed thru G-Tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, Mat table, incline Nail system, skin breakdown, reposition
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual W/C Straps/seat belts in chair
Community Support: ☐ No ☐ Yes	Describe Supports: Protect + Serve ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will ask Shawnikki what she is looking at and describe what it is
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Family, friends, music, Being Independent Advocating
Important for:	Protocols, Advocating for herself, Her team
Likes:	Writing letters, emails, music, relaxing in her own time w/ peers, play, acting, art
Dislikes:	Feeling Unheard, Not understanding her, Stomach issues, loud environment
Communication Style:	Verbal
Learning Style:	Auditory, Visual, Kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Fenton　　　　**PAI**　　　　Service Recipient: Shenali

Date: 1/15/23　　　　　　　　　　Service Span: ____________

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergy, acetaminophen, wipe her nose Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeding pump, monitor proper rate
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, spastic quad, scoliosis, spinal fusion, osteoporosis, myasthenia gravis, dysphagia, GERD, IBS DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Med pass via G-tube, requires full assist Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Brief, mat table, 2 person Hoyer, skin break down, offer recliner if available
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair, shoulder straps and seat belt are fastened
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty with vision and noise sensitivity, wear head phones at her request
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, friends, being independent, advocating for herself

Important for: her protocols, advocating for herself, and her team

Likes: writing letters to friends and family

Dislikes: feeling rushed, stomach discomfort, loud environment

Communication Style: Verbal

Learning Style: auditory, visual and kinesthetic

Lead Review Completed: ____________

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ralph Reynolds

Date: 1-10-2023

Service Recipient: Shanmi' K. Byndum

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies Medication Allergies? ☐ No ☐ Yes Avoid using Tylenol/Acetaminophen *Listed on MAR, only administer meds per dr. order* staff will assist Shanmik in wiping her nose
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Continous Feeding Pump and Pleasure Testing of mechanically soft Food
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild Intellectual Disability DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: All Medication Passed Via G-tube by Trained staff Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable. brief, mat Table, transferred using Two People Hoyer LIFT on in-ceiling Track System, Has Skin Breakdown
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual Wheelchair Propelled by Staff Increased risk of Falls
Community Support: ☐ No ☐ Yes	Describe Supports: ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs 1:1
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Difficulty w/ Vision, noise sensitivity Staff will ask Shanmik what she is looking at and if it seem she is having Trouble, Staff assist SB
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family Friends, music being independent advocating for herself and others	
Important for: her Protocols, advocating for herself and her Team	
Likes: writing Letters, and emails to Friends and Family Listening to music, relaxing recliner	
Dislikes: Feeling unheard, when others have a hard time Understanding her, Stomach discomfort when her Friends are Sick loud environment	
Communication Style: verbal	
Learning Style: auditory, Visual, Kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Competency Tracking Form
Linden Site

Participant: Shannon O'Brien **Annual Service Span: June 22- June 23**

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

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

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

Date Completed	Initials	Full Name
	KB	Bauch, Kia
		~~Cowherd, Katina~~
		Cox, Alice
		Hetchler, Maria
		~~Hiland, Lindsay~~
		Johnson, Natalie
		Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
		Mafi, Sommer
	KM	McKnight, Kyla
		~~Olson, Emily~~
		Rice, Colette
		Sales, Jill

Date Completed	Initials	Full Name
		Sales, Jill
		Sandstrom, Erin
	AS	Sims, Aija
		Stacken, Laura
		Tieszen, Ellie
		Yang, Lisa
		Yekaldo, Ralph
		Bludor, Leslie

Date Uploaded to LMS: _____

Staff: _____

Date: _____

Service Recipient: Shannon O'Brien

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: **Tonic Clonic, Cluster Complex Partial** -Staff will monitor for seizure activity and ensure they are trained on her protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar like thin liquids and mechanical soft foods. No hard/raw fruit/veggies, tough meats, breads, nuts, or seeds. -Staff will follow dietary orders and encourage small drinks between bites.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para paresis, Neurogenic bladder -Staff will assist with managing her chronic medical conditions. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff set up and pass medications to Shannon according to the order or pharmacy/prescription bottle. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Has a mitrofanoff channel for urinary needs. Disposable brief and matt table. Two person hoyer lift or in-ceiling track system. -All staff who assist Shannon with this have been trained by a RN.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falling due to medical conditions and seizure disorder. Uses electric wheelchair for mobility. -Staff ensure Shannon has all safety straps and belts on. When in the recliner, staff will put the footrest up to prevent falls.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear and vision impairment. -Staff speak to Shannon on her left side and assist in caring for her glasses.
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Mental health- Depression. May display loss of interest, sadness, and withdraw herself. -Staff will monitor for signs of depression and encourage her to talk about her feelings should she need.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Her mom, her cousin Katie, working, baking, helping, advocating for others, being involved in age appropriate activities	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Shannon O'Brien

Service Span: _____

Important for: Mitrofinoff, having adequate time to respond, a team that knows her well
Likes: Participating in activities she enjoys, seeing her peers at PAI, visiting other program rooms, and helping when it is needed.
Dislikes: Being uncomfortable or in pain, feeling depressed, having others around her feel sad, and not being able to come to PAI.
Communication Style: Verbal, facial expressions, body language, knows some sign
Learning Style: Kinesthetic, verbal prompting and through repetition

Lead Review Completed: _____

Staff: Natalie Johnson
Date: 1-13-2022

PAI

Service Recipient: Shannon O'brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic clonic, cluster complex partial
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar like thin liquids and mechanical soft foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary spastic para paresis, neurogenic bladder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff setup and pass medications to Shannon per orders Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mitrafanoff channel for urinary needs disposable brief and mattable
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Electric wheelchair for mobility
Community Support: ☒ No ☐ Yes	Describe Supports: lil in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing in right ear and vision impairment -speak on her left side & assist in caring for her glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: mental health – depression may display loss of interest, sadness & withdraw herself
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: her mom, cousin Katie, working, baking, helping, advocating for others, being involved in age appropriate activities	
Important for: Mitrofinaff, having adequate time to respond, a team that knows her well	
Likes: Participating in activities she enjoys, seeing her peers @ PAI visiting other program rooms, helping when it's needed.	
Dislikes: being uncomfortable or in pain, feeling depressed, having others around her being sad	
Communication Style: Verbal, facial expressions, body language, knows some sign	
Learning Style: Kinesthetic, verbal prompting and through repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Maria H
Date: 1/10/23

Service Recipient: Shannon
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic clonic, Cluster complex partial. staff monitor seizures activities
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: like liquids and mecanical soft foods NO hard/ raw /Fruit, Veggies, tough meats, breads, nuts or seeds
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary spastic para paresis, Neurogenic bladder -staff will assist with managing her chronic medical conditions. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: staff set up and pass medication to Shannon according to the order or Pharmacy prescription bottle Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Has a Mitrofanoff channel for urinary needs. Disposable brief and Matt table two person hoyer lift. or in-ceiling track system. -all staff who assist Shannon with this have been trined by a RN
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk of falling due to medical conditions and seizure disorder. Used electric wheelchair -staff ensure she has all safety straps and belts on. When in recliner staff will put the footrest up to prevent falls.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear and vision impairment. -staff sport on her Left side and assist in caring for her glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Mental health- Depression. May display loss of interest, Sadness. and withdraw herself. -staff will monitor for signs of depression and encourage her to talk about her feelings should she need.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Mom, cousin Kellie, Working, baking, helping, advocating for others, being involved in age appropriate activities.	
Important for: Mitrofinoff, having adequate time to respond, a team that knows her well	
Likes: participating in activities she likes. Seeing peers at PAI, Visiting other rooms. helping when it is needs.	
Dislikes: Being uncomfortable or in pain, Feeling depressed, having others around her feel sad, not being able come to PAI	
Communication Style: Verbal, Facial expressions, bodily language, knows some sign	
Learning Style: Kinesthetic. Verbal prompting and through repetition.	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jill Sales
Date: Jan. 10, 2023

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: n/a Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: tonic clonic, cluster complex partial
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nectar-like thin liquids, mechanical soft. nuts, seeds
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: No hard, raw fruit/veg, meat, bread, hereditary spastic para paresis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: neurological bladder Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: nutrafuse channel for urinary needs. disposable briefs + matt
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk due to med condition + seizure disorder. uses electric w/c for mobility
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	mom cousin, working, baking, helping advocate for others
Important for:	having enough time to respond
Likes:	participating in activity, enjoys seeing her peers @ PAI visiting other rooms
Dislikes:	being uncomfortable
Communication Style:	verbal, facial expressions, body language
Learning Style:	Kinesthetic, verbal prompting, + through repetition

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Nija Sims
Date: 1/10/23

PAI

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: tonic clonic, cluster complex partial staff monitor for seizure activity	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: soft foods, no hard raw foods, nectar like thin liquids	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hereditary spastic para-	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: staff will set up meds	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: in ceiling track, catheter, disposable brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falling due to medical conditions and seizures. staff ensure all safety straps and belts on.	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing in right ear and vision impairment. staff speak to Shannon in her right ear.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: depression - may display loss of interest, sadness + withdraw herself	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Her mom, her cousin Katie, working, baking, helping, advocating for others being involved in age appropriate activities		
Important for: mitrofinoff, having adequate time to respond, a team that knows her well		
Likes: participating, seeing her peers		
Dislikes: pain, depression, not coming to PAI		
Communication Style: verbal, facial expressions, sign		
Learning Style: Kinesthetic, verbal, repetition		

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: 1/10/23

Service Recipient: Shannon O'Brien

Service Span: _____

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

Allergies: ☐ No ☑ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Tonic clonic, cluster complex Partial	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Nectar thin liquids + mechanical soft foods	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Staff set up meds	Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: in-ceiling track, catheter, disposable brief	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: High risk due to falling - footrests in the recliner	
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing in right ear + vision impairment - wears glasses	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Depression- may display loss of interest, sadness + withdraw herself	
Unsupervised time while at PAI? ☑ No ☐ Yes		
Important to: her Mom, her cousin, baking, helping		
Important for: Mitrofinoff, a team that knows her		
Likes: participating, seeing her peers		
Dislikes: pain, depression, not coming to PAI		
Communication Style: verbal, facial expressions, sign		
Learning Style: Kinesthetic, verbal, repetition		

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Leslie Bludorn

Date: 1-10-23

Service Recipient: Shannon O'Brien

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff will monitor for seizure activity and
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nectar like liquids and mechanical soft food - no hard raw fruit or veggies, tough meats breads, nuts or seeds
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary spastic para press, neurogenic bladder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will set up and pass medications Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief & mat table - two person hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk of falling due to medical conditions and seizure disorder - uses electric wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 while in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing on right ear and vision - Staff will speak to Shannon on her left side
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: mental health - depression or may display lost of - Sadness and withdrawl
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: her mom, her cousin, babies, working, baking helping advocating for others	
Important for: having adequate time to respond	
Likes: Participating in activity, she enjoys seeing her peers at PAI - visiting other rooms	
Dislikes: being uncomfortable, or in pain having others crowd her, feeling sad	
Communication Style: Verbal, facial expressions, body language - knows some sign	
Learning Style: Kinesthetic, verbal, printing through repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ellie

Date: 1/10/23

Service Recipient: Shannon O brien

Service Span: _____

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

Allergies: ☐ No ☒ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff will monitor for seizure activity and ensure they are trained on her protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nectar like thin liquids and mechanical soft foods no hard/raw/fruit veggies, tough meats, breads, nuts, or seeds	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary spastic paraparesis, neurogenic bladder. Staff will assist managing her chronic medical conditions	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff set up and pass med cartons to Shannon according to the order prescription.	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: has a mitrofen ofa channel for urinary needs Disposable and wet-table. two person hoyer lift	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk of falling due to medical conditions and Seizure disorder uses electric wheelchair staff will ensure she has all safety straps on.	
Community Support: ☒ No ☐ Yes	Describe Supports: lil while in community	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing in right ear and vision impairment. staff speak to Shannon on her left side and assist in caring for her glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Mental health - depression may display lost of interest, sadness and withdrew herself.	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: her mom, her cousin, kratters, working, baking helping advocating for others		
Important for: Mindfulness, having adequate time to respond.		
Likes: Participating in activities, She enjoyes seeing her peers @ PAI visting other rooms		
Dislikes: being uncomfortable or in pain, having others crowd her feeling sad.		
Communication Style: Verbal, facial expressions, body language knows some sign		
Learning Style: Kinesthetic, verbal prompting through repitition		

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Sommer
Date: 1.10.23

PAI

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, Cluster Complex Partial Staff monitor for seizure activity
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Soft foods, Nectar like thin liquids: No hard raw foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para paresis, neurogenic bladder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff pass meds to Shannon according to orders Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mitrofanoff Channel for urinary needs, disposable brief mat + able 2 person lift / in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses electric wheelchair, high risk of falling
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in Community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited hearing in right ear / vision impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression, may display loss of interest, sadness
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	mom, cousin Katie, working, baking, helping
Important for:	Mitrofanoff, having time to respond
Likes:	seeing peers, visiting other rooms
Dislikes:	depression, not coming to PAI
Communication Style:	verbal, body lang, some ASL
Learning Style:	Kinesthetic, verbal prompting

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Lisa Yang
Date: 1/10/2023

PAI

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☑ Yes ☐ N/A	List & Describe Supports: NA Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, Cluster, Complex Partial. Monitor for seizure activity & ensure they are trained on protocols.
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Nectar than like liquids & mechanical soft foods. No hard/raw fruits/veggies/tough meats/breads/Nuts/seeds
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Staff set up meds Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Has a nutroff Channel for urinary needs. Disposable brief/mat table. Two person hoyer lift or in-ceiling track systems. Trained by RN
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Risk of falling. Use electric wheelchair. Safety straps & belts on. Recliner
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear + vision impairment - wears glasses
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Depression - may display loss of interest, sadness + withdraw herself.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Mom, Cousin Kate, working, baking, helping, advocating for others being involved in age-appropriate activities.	
Important for: Nutroinoff, adequate time to respond. Team knows her well.	
Likes: Activities she enjoys. Seeing her peers	
Dislikes: pain, depression, not coming to pai.	
Communication Style: Verbal. facial expressions. sign	
Learning Style: Kinesthetic, Vaubal, repetitions.	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Alice L. Cox
Date: 7/10/23

PAI

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, Cluster Complex Partial
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Needs like thin liquids, Mechanical Soft, No hard or Raw, Nut, Seeds Follow Dietary Orders
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Para Paresis Neurogenic Bladder - Staff Assist DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: According to Dr. Orders Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Has a mitrofanoff channel for Urinary Needs Two person hoyer or Track System Mod Tabb + Brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Electric Wheelchair Straps + Belts trained by RN
Community Support: ☐ No ☐ Yes	Describe Supports: Protect + Serve ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in L ear Vision Impairment Uses glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression, Loss of Interest, Sadness Encourage to Talk about feelings
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Mom, Cousin Kate, Baking, Advocating for others
Important for:	Mtrofanoff Adequate time to Respond, Familiar Team
Likes:	Visit other rooms Activities she enjoys, seeing Peers at PAI
Dislikes:	Uncomfortable or in Pain
Communication Style:	Verbal, Body Language facial Expressions
Learning Style:	Verbal Prompting and Visual Repetition

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Laura Stacken
Date: 1/10/23

PAI

Service Recipient: Shannon O'Brien
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, Cluster Complex Partial
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar like thin liquids & mechanical soft foods. No hard/raw fruit/veggies tough meats, bread, Nuts
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Paraparesis, Neurogenic bladder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff setup & pass meds. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Has a mitrofanoff channel for urinary needs. Brief & matt table. Two person hoyer lift or in-ceiling track system.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falling due to medical conditions.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 Community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear & vision impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Mental health - Depression
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Mom, cousin Katie, Working, baking, helping, advocating for others, being involved in age appropriate act.	
Important for: Mitrofinoff, having adequate time to respond, team that knows her.	
Likes: Participating in activities she enjoys, seeing her peers at PAI visiting	
Dislikes: Pain, depression, not coming to PAI	
Communication Style: verbal, facial expression, sign	
Learning Style: Kenesthetic, verbal, repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Colette Rice

Date: 1·10·23

Service Recipient: Shannon O'Brien

Service Span: _____

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

Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: tonic clonic, cluster complex Partial	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nectar thin liquids, mechanical Soft foods	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hereditary Spastic Para	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff Set up meds	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: in ceiling track, catheter, disposable brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk due to falling, foot rest in the recliner	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: limited ~~hearing~~ hearing in right ear + vision impairment	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression, loss of interest, Sadness withdraw herself	
Unsupervised time while at PAI? ☑ No ☐ Yes		
Important to: mom, cousins, baking, helping		
Important for: a team that knows her		
Likes: Seeing her peers, participating		
Dislikes: Pain, depression, not coming to PAI		
Communication Style: Verbal, facial expressions, Sign		
Learning Style: Kinestetic, Verbal, repetition		

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 1·10·2023

Service Recipient: SHANNON OBRIEN
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: TONIC CLONIC, CLUSTER COMPLEX PARTIAL MONITOR FOR SEIZURE ACTIVITY	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NECTAR THIN LIQUIDS, MECHANICAL SOFT FOOD, NO HARD RAW FRUIT/VEGGIES DRINKS BETWEEN BITES NUTS, SEEDS	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: HEREDITARY SPASTIC PARAPARESIS NEUROGENIC BLADDER	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: STAFF PASS MEDS	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: MITROFANOFF CHANNEL FOR URINARY NEEDS DISPOSABLE BRIEF, MAT TABLE, IN-CEILING TRACK SYSTEM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: HIGH RISK DUE TO MEDICAL CONDITIONS/SEIZURES ELECTRIC W/C	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: LIMITED HEARING IN RIGHT EAR AND VISION IMPAIRMENT -SPEAK TO LEFT SIDE, ASSIST W/ CARING FOR GLASSES	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: DEPRESSION, MAY DISPLAY LOSS OF INTEREST, SADNESS AND MAY WITHDRAW HERSELF	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: MOM, COUSIN KATIE, WORKING, BAKING, ADVOCATING FOR OTHERS

Important for: MITROFANOFF CHANNEL, ADEQUATE TIME TO RESPOND, TEAM THAT KNOWS HER

Likes: PARTICIPATING IN ACTIVITIES SHE ENJOYS, PEERS AT PAI, VISITING, HELPING WHEN NEEDED

Dislikes: UNCOMFORTABLE OR IN PAIN, DEPRESSED, OTHERS AROUND HER SAD, NOT BEING ABLE TO COME TO PAI

Communication Style: VERBAL EXPRESSIONS, BODY LANGUAGE, KNOWS SOME SIGN

Learning Style: KINESTHETIC, VERBAL PROMPTING, REPETITION

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: DEANNE Lepley

Date: 1-10-23

Service Recipient: Shannon Obrien

Service Span: _____

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

Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic Clonic, cluster complex partial Staff will monitor for seizure Activity + ensure they are trained on her protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar like thin Liquids + mechanical soft No hard, fruit seeds, tough meats, breads, nuts or seeds
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Neurogenic spastic pain paresis. Neurogenic bladder. Staff will bowel diarm orders DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Staff will set up + pass med according to pharmacy/prescriptions Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Has a Nitrofurantoin channel for urinary needs Disposable brief, matt table 2 person hoyer lift or in-ceiling track. trained by Nurse
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falling due to med condition + seizure disorder. Uses elec. wc
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in (R) ear + vision impairment speak to shannon of left side + cards for glasses
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: mental health: depression may display loss of interest, sadness + withdraw herself
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Mom, cousin, nursing, Dallas, advocating for others	
Important for: Nitrofurantoin, adequate time to respond	
Likes: seeing peers at PAI, visiting other program rooms	
Dislikes: Being uncomfortable, seeing depressed	
Communication Style: Verbal, facial expressions, body language + some signs	
Learning Style: Kinesthetic, verbal prompting + repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jesty Kid

Date: 1/10/23

PAI

Service Recipient: Shanon

Service Span: ____________

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A — Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: tonic, clonic, [illegible] complex partial
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Nectar like thin liquids, mechanical soft foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic paraparesis, neurogenic bladder — DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Set up and pass meds — Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs staff channel for urinary needs. Disposable briefs and [illegible]. 2 person hoyer lift or in-ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: electric wheelchair. All safety straps and belts must be on. staff put foot rest to prevent falls
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in community — ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Left hearing – (R) ear. Speak on left side and assist in caring for her glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: mom, [illegible], advocacy for [illegible], being included in age appropriate activities

Important for: Mitrofanoff, having adequate time to respond [illegible] [illegible] well

Likes: Uncomfortable in pain, sad, not being able to come to PAI

Dislikes: Being uncomfortable or in pain, feeling depressed, being [illegible] feel sad, not being able to come to PAI

Communication Style: Verbal, body language, facial expression

Learning Style: Kinesthetic, verbal prompting and through repetition.

Lead Review Completed: ____________

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: RALPH YERALDO

Date: 11/01/2023

Service Recipient: Shannon OBrien

Service Span: _____

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

Allergies: ☐ No ☒ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic clonic, cluster complex Partial staff will monitor for seizure and ensure they are Trained on her protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nectar Like thin Liquids and mechanical Soft Foods, no hard / raw Fruit/veggies, Tough meats Breads nuts or seeds staff will Follow dietary
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hereditary Spastic Pare Paresis. Neurogenic bladder DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff set up and pass medication To Shannon according to the order on Pharmacy prescription bottle Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: HAS a mitrofanoff channel for urinary needs, Disposable brief and mat table Two Person hoyer LIFT or In ceiling Track systems
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falling due to medical conditions and seizure disorder Use electric wheelchair for mobility, staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Limited hearing in right ear and vision Impairment, staff speak on her Left side and assist in caring for her glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression may display loss of interest Sadness and withdraw herself. Staff will monitor for sign for depression. Staff Talk to about How she Feeling
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Her mom, her cousin Katie, working, helping, advocating for other, being involved in age-appropriate activities	
Important for: mitrofinoff, having adequate Time to respond, a team That knows her well	
Likes: Activities, seeing peers at Pai visiting rooms	
Dislikes: Being uncomfortable or in pain, Feeling depressed, having others around her Feeling sad.	
Communication Style: Verbal, Facial expression, body language.	
Learning Style: ☒ kinesthetic, verbal Prompting and through repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Competency Tracking Form
Linden Site

Participant: Kelly Pederson **Annual Service Span: Mar 22- Mar 23**

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

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

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

Date Completed	Initials	Full Name
	KB	Bauch, Kia
		~~Cowherd, Katina~~
		Cox, Alice
	MH	Hetchler, Maria
		~~Hiland, Lindsay~~
		Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla
		~~Olson, Emily~~
	CR	Rice, Colette
	JS	Sales, Jill

Date Completed	Initials	Full Name
	JS	Sales, Jill
	ES	Sandstrom, Erin
	AS	Sims, Aija
	LS	Stacken, Laura
	ET	Tieszen, Ellie
	LY	Yang, Lisa
	RY	Yekaldo, Ralph
	LB	Bludorn, Leader

Date Uploaded to LMS: _____

Staff: _____

Date: _____

Service Recipient: Kelly Pederson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies. Staff will monitor for signs of seasonal allergies and will communicate concerns to her team. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat too quickly. Staff encourage healthy food choices and low sodium foods.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemiparesis, Neurogenic bladder, Scoliosis, Right hip dysplasia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: May refuse or choose not to follow all Dr's orders. Staff follow prescribers' orders when passing medication to Kelly should she need. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐ Yes	Describe Supports: Disposable brief, mat table, transferred using in-ceiling track system or hoyer lift. -Staff assist Kelly in transfers and completing personal cares. Staff ensure she wears clean and dry clothing
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Due to increased falls- Kelly no longer transfers independently. May not like to use footrests, causing injury. Staff will encourage Kelly to utilize her footrests. Staff propel chair long distances.
Community Support: ☒No ☐ Yes	Describe Supports: 1:1 in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment- near sighted. Does not wear glasses. -Staff support Kelly by describing objects if needed
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Throws items, Depression -Staff encourage Kelly to use words to express her emotions. Staff will offer breaks or a quiet space to Kelly if needed.

Unsupervised time while at PAI? ☐ No ☒ Yes
15 minutes to navigate hallway or visit program area

Important to: Planning her schedule, going out for activities, going to church, camp, arts and crafts

Important for: staff that support her to make healthy choices, having staff that know her well, being able to plan her schedule, getting into the community

Likes: participating in activities she enjoys, socializing with peers, coloring, listening to music, knowing her schedule

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Kelly Pederson

Service Span: _____

Dislikes: Being bored or not liking the activity being done, not being able to socialize, experiencing bad weather
Communication Style: Verbal
Learning Style: repetition, modeling, kinesthetic

Lead Review Completed: _____

Staff: KylaM

Date: _____

Service Recipient: Kelly P

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat to quickly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy w/right hemiparesis Neurogenic bladder, Scoliosis, Right hip dysplasia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: May refuse or choose not to follow all Dr. orders Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, mat table, transferred in-ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to increased fall No more independently transffers may not like using foot rest
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near sighted Does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throws items, Depression

Unsupervised time while at PAI? ☐ No ☒ Yes

15min to navigate hallways or visit Program area

Important to:

Planning her schedule, going out for activities, going to church

Important for:

Staff that support her make healthy choices, having staff that know her well

Likes:

Participating in activities she enjoys, Socializing w/peers, Coloring

Dislikes:

Being bored or not liking the activity being done, not being able to socialize

Communication Style: Verbal

Learning Style: Repetition, modeling, Kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Natalie Johnson
Date: 1-13-2023

Service Recipient: Kelly Pedersen
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerbral Palsy, Scoliosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable breif, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can fall, does not transfer independently
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near Sicell does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff will offer breaks or quiet space as needed

Unsupervised time while at PAI? ☐ No ☒ Yes
15 min

Important to: Planning a schedule, going to church

Important for:
art, crafts, church

Likes:
Socializing w/ Peers, coloring, music

Dislikes: being bored, not being able to socialize

Communication Style:
Verbal

Learning Style:
Repetition, modeling

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: 1/10/23

Service Recipient: Kelly Pederson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat too quickly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, Scoliosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: May refuse Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can fall, does not transfer independently
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: vision impairment, near sighted, does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: staff will offer breaks or quiet space as needed
Unsupervised time while at PAI? ☐ No ☒ Yes 15 mins	
Important to: planning a schedule, going to church	
Important for: art, crafts, church	
Likes: socializing w/ peers, coloring, music	
Dislikes: being bored, not being able to socialize	
Communication Style: verbal	
Learning Style: repetition, modeling	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Leslie Bludorn
Date: 1-10-23

PAI

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies, staff will monitor for signs & Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat too quickly. Staff encourage healthy food choices and low sodium foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemiparesis, Neurogenic bladder, Scoliosis, Right hip dysplasia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: May refuse or choose not to follow all RN's orders, Staff follow prescribers orders when passing medications per a signed dr. order* Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transferred using in ceiling track system - Staff assist with transfers and completing personal cares -
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to increased falls - Kelly no longer transfers independently - Staff assist Kelly in transfers
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment - near sighted - Does not wear glasses - Staff support Kelly by describing objects if needed
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throws items, Depression - staff encourage Kelly to use words to express her emotions Staff will offer breaks or a quiet space to Kelly if needed
Unsupervised time while at PAI? ☐ No ☒ Yes	15 minutes to navigate hallway or next program area
Important to:	Planning her schedule, going out for activities, going to church, camp & arts and crafts
Important for:	Staff that support her to make healthy choices, having Staff that know her well being able to plan her schedule, getting into the community
Likes:	Participating in activities she enjoys, socializing with peers coloring & listening to music, knowing her schedule
Dislikes:	Being bored or not liking the activity being done, not being able to socialize, experiencing bad weather
Communication Style:	Verbal
Learning Style:	repetition, modeling, Kenesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Maria. H

Date: 1/10/2023

Service Recipient: Kelly Pederson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies. Staff will monitor for signs of seasonal allergies and will communicate concerns to her team. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat too quickly. Staff encourage healthy food choices and low sodium foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemi paresis, Neurogenic bladder, scoliosis, Right hip dysplasia. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: May refuse or choose not to follow cell, Dr's order. Staff follow prescriber orders when passing medication to Kelly. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mattable, transferred using in-ceiling track system or hoyer lift - staff assist in transfers and personal cares. Staff ensure clean and dry clothing.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Due to increased falls - Kelly no longer transfers independently. May not like footrests, causing injury, encourage Kelly to utilize footrests. Staff propel chair long distances.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment - nearsighted. Does not wear glasses. - staff support Kelly by describing objects if needed
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throws items, Depression. Staff encourage Kelly to use words to express her emotions, Staff offers breaks or a quiet space to Kelly if needed
Unsupervised time while at PAI? ☐ No ☒ Yes	
Important to: Planning her schedule, going out for activities, going to church, camp, arts and crafts	
Important for: Staff that support her to make healthy choices, having staff that know her well, being able to plan her schedule, getting into the community	
Likes: Participating in activities she enjoys, Socializing with peers, coloring, listening to music, knowing her schedule	
Dislikes: Being bored or not liking the activity being done, not being able to socialize, experiencing bad weather.	
Communication Style: Verbal	
Learning Style: Repetition, Modeling, Kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jill Sales
Date: 1-10-23

Service Recipient: Kelly Pedersen

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: n/a
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly, encourage healthy food + low sodium foods
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: dysplasia, CP with hemiparesis, neurogenic bladder Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief + mat
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Kelly no longer transfers independently, use foot rests. Staff propel long distance
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near sighted, no glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: throws items, depression. Encourage sharing emotions
Unsupervised time while at PAI? ☐ No ☒ Yes	15 minutes to navigate hallway or visit if she chooses
Important to:	planning her schedule, church, camp, arts + crafts
Important for:	staff that know her well, out in community
Likes:	activities she enjoys, socializing, coloring, listening to music
Dislikes:	being bored or not liking the activity, not socializing, not getting out in community
Communication Style:	verbal
Learning Style:	repetition, modeling kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Arfoi Sims
Date: 1/10/23

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies. staff will monitor for symptoms Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly. staff will encourage healthy food choices and low sodium food
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, w/ right hemiperesis, scoliosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse or choose not to follow all doctors orders. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling track system. staff assist with cares and ensure she is wearing dry clothing.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to increased falls she does not transfer independently. May not like to use footrests and may cause injury. staff will encourage her to use footrests
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: nearsighted, does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: staff will offer breaks or quiet space if needed
Unsupervised time while at PAI? ☐ No ☒ Yes	15 minutes if she chooses
Important to:	planning her schedule, going out to activities, church, camp, arts and crafts.
Important for:	staff supporting her to make healthy choices, having staff that know her well, being able to plan her schedule, getting out in the community.
Likes:	participating in activities she enjoys. socializing with peers,
Dislikes:	being bored, not liking the activity
Communication Style:	verbal
Learning Style:	repetition, modeling, kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Lisa Young

Date: _____

Service Recipient: Kelly Pederson

Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies. Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Eat too quickly. Staff encourage healthy foods & low sodium foods.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemiparesis, Neurogenic bladder, Scoliosis. right hip DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: May refuse Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief, mat table, in ceiling track
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Due to increased falls - Kelly no longer transfer independently. May not like to use the foot rest. Causing injury. Encourage to use footrest. Propel long dis.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near sighted, does not wear glasses.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Offer breaks or quiet space as needed.
Unsupervised time while at PAI? ☐ No ☑ Yes	15 minutes.
Important to:	Planning schedules, going out for activities, going to church, camps, arts, & crafts.
Important for:	Making healthy choices, staff who knows her well. able to plan her schedules, getting out to the community.
Likes:	Participating in activities she enjoys, socializing w/ peers
Dislikes:	Being bored, not being able to socailize.
Communication Style:	Verbal
Learning Style:	Repetition. Modeling

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ellie
Date: 1/10/23

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies, staff will monitor for signs of seasonal allergies and will communicate. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat to quickly staff will encourage healthy food choices
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral palsy with right hemiparesis neurogenic bladder. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse or choose not to follow dr's orders. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: diapering bath staff will ensure she is clean and dry.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: due to increase falls Kelly no longer transfers independently may not like to use seatbelt
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near sighted does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: throws items, depression staff will encourage to use words to express emotions
Unsupervised time while at PAI? ☐ No ☐ Yes N/A	
Important to: Her family friends music being independent advocating for self preferences. Planning her scheduled going for activity	
Important for: Her protocols advocating for herself	
Likes: ~~writing letters and~~ Participating in activities she enjoys socializing	
Dislikes: being bored or not liking the activity not being done	
Communication Style: Verbal	
Learning Style: repetition modeling	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Colette Rice

Date: 1·10·23

Service Recipient: Kelly ~~Pedersen~~

Service Span: Pedersen

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: may eat to quickly, low Sodium foods
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: CP, w/ Right hemiperesis Right hip dysplasia DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: may refuse or choose not to follow Dr. orders. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief, mat table, in ceiling or hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: due to increased falls Kelly no longer transfer independently.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in Community ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment, near Sighted, Does not wear glasses
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Staff will offer breaks or a quiet Space for Kelly ~~in~~ if needed
Unsupervised time while at PAI? ☐ No ☑ Yes	15 min to navigate hallways or visit
Important to:	Planning Schedule, going to church, camp
Important for:	art, Crafts, Church
Likes:	Socializing w/ Peers, Coloring, music
Dislikes:	Being bored, not being able to Socialize
Communication Style:	Verbal
Learning Style:	repetition modeling, Kinethetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Delia L. Cox
Date: 1/10/23

PAI

Service Recipient: Kelley Peterson
Service Span: ____________

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order* Seasonal Allergies, Communicate to team
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: May eat too quickly, Eat Healthy food Low sodium
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency* Cerebral Palsy, right hemiparesis Neurogenic Bladder, Scoliosis Right hip dysplasia
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order* May refuse to follow Dr. Order Staff are trained
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Briefs, mat table, In-ceiling track system, hoyer lift, clean Dry clothes
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to increase falls, does not transfer independently doesn't like foot rests
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Protect + Serve
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision Impairment, Near Sighted, Does not wear glasses Describe items
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Encourage her to use words to express emotions. Give quiet space as needed

Unsupervised time while at PAI? ☐ No ☒ Yes
15 mins to Navigate hallway

Important to:
Planning schedule, Going out for activities, Going to church, camp, arts + crafts

Important for:
Staff that support her to make healthy choices, having staff who know her well

Likes:
Participate in activities she enjoys \ Community
Socializing, coloring, music, Room Schedule

Dislikes:
Bored, Dislike activity, Bad weather

Communication Style: Verbal

Learning Style: Repetition, Modeling Kinesthetic

Lead Review Completed: ____________

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Sommer

Date: 1·10·23

Service Recipient: Kelly Pederson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly, encourage healthy food choice
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, w/ right hemparesis, scoliosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse/not follow orders Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, hat taken, transfers in track make sure clean/dry clothing
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Due to increased falls, no longer transfer independently encourage to use foot rest
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in comm ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hear sized, doesn't wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: throw items, depression
Unsupervised time while at PAI? ☐ No ☒ Yes	15 min to navigate malls
Important to:	Planning schedule, church, camps, arts/crafts
Important for:	going in com, healthy choices,
Likes:	Participating
Dislikes:	Being bored, not liking the activity
Communication Style:	verbal
Learning Style:	repetition, modeling, kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Laura Stacken
Date: 1/10/23

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: [redacted] seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: may eat too quickly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, scoliosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mattable, in ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can fall, does not transfer independently
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: vision impairment, near sighted, does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: staff will offer breaks or quiet space as needed

Unsupervised time while at PAI? ☐ No ☑ Yes 15 min

Important to: ~~art, crafts, church~~ Planning a schedule, going to church

Important for: Art, Crafts, Church

Likes: Socializing, W/ Peers, Coloring, music

Dislikes: being bored, not being able to socialize

Communication Style: verbal

Learning Style: Repetition, modeling

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 1-10-2023

PAI

Service Recipient: KELLY PEDERSEN
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SEASONAL	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: MAY EAT QUICKLY - LOW SODIUM FOODS	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP W/ RIGHT HEMIPARESIS, NEUROGENIC SCOLIOSIS RIGHT HIP DYSPLASIA BLADDER	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: MAY REFUSE PRN ORDERS	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, MAT TABLE, IN CEILING TRACK SYSTEM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: STAFF PROPEL W/C - ENCOURAGE FOOTRESTS	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: VISION IMPAIRMENT - NEARSIGHTED, DOESN'T USE GLASSES	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: THROWS ITEMS, DEPRESSION, USE WORDS TO EXPRESS EMOTIONS OFFER BREAK OR QUIET TIME	
Unsupervised time while at PAI? ☐ No ☒ Yes	15 MINS TO NAVIGATE HALLWAY OR VISIT ANOTHER PROGRAM ROOM	
Important to:	PLANNING SCHEDULE, GOING OUT FOR ACTIVITIES, GOING TO CHURCH ARTS/CRAFTS	
Important for:	STAFF THAT KNOW HER, HEALTHY CHOICES, COMMUNITY	
Likes:	ACTIVITIES SHE ENJOYS, COLORING, MUSIC, KNOW SCHEDULE	
Dislikes:	BEING BORED, BAD WEATHER, NOT SOCIALIZING	
Communication Style:	VERBAL	
Learning Style:	REPETITION, MODELING, KINESTHETIC	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: DEANNE Lepley
Date: 1-10-23

PAI

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Allergies, staff will monitor for signs of seasonal allergies + comm to team. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☒ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Man eat to quickly, staff encourage healthy foods + low sodium foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy w/ Spastic hemiparesis, Neurogenic bladder Scoliosis. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Man refuse to follow dr orders. staff follow prescribers orders. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, t-sfr using in ceiling track or mayer.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to increased falls - no longer ass's indep. may not like to use footrest - staff encourage use
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted - but does not like to wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throw items, depression staff encourage her to use words to express emotions
Unsupervised time while at PAI? ☐ No ☒ Yes	15 mins to Navigate hallway or Program Room
Important to:	Planning her schedule, church, camp, arts + crafts
Important for:	Staff who supp. her to make healthy choices
Likes:	participating in activ. She likes socializing w/ peers
Dislikes:	Being bored or not liking the activity being done Not being able to socialize
Communication Style:	Verbal
Learning Style:	Repetition, modeling + kinesthetic

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: RalphYelldo
Date: 1-10-2023

PAI

Service Recipient: Kelly Pederson
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies Staff will monitor Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May eat Too quickly, Staff will encourage healthy food choices and low sodium foods
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemiparesis, Neurogenic bladder Scoliosis, Right Hip DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: May refuse or choose not to follow all Dr order. Staff Fellow Prescribers order w/Passing meds Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat Table, Transferred using in ceiling Track system or hoyer Lift Staff assist Kelly IN TranFer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due To increased Falls - Kelly no longer Transfer independently, may not like to use Footrest
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Vision impairment - near sighted, Does not wear glasses, Staff support
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throw items, Depression Staff encourage Kelly to use words to express her emotions,
Unsupervised time while at PAI? ☐ No ☒ Yes 15 minutes to navigate hallway or visit program area	
Important to: Planning her schedule, going out & activities, going To church camp, arts, crafts	
Important for: Staff That support her to make healthy choice, having Staff That know well	
Likes: Participating in activities she enjoys, Socializing w/Peers coloring, Listening To Music, Knowing her schedule	
Dislikes: Being bored or not Liking The activity being done Not being able To Socialize. experiencing bad weather	
Communication Style: Verbal	
Learning Style: repetition, modeling/kinesthetic	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jenny

Date: 1/10/23

Service Recipient: Kelly Peterson

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies, NKDA. Concerns to report. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Slow to eat quickly, encourage healthy food choices
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse or not follow all doctor's orders. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief. May toilet on own if needs staff assistance.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: No lifts transfer independently. Encourage foot traffic
Community Support: ☒ No ☐ Yes	Describe Supports: No lifts transfer. 1:1 independently. Encourage foot traffic ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May throw objects. Encourage use of words to express emotions
Unsupervised time while at PAI? ☐ No ☒ Yes	15 min to go to awake program and to doctors.
Important to:	outings & crafts, following schedule
Important for:	getting out - activities, "
Likes:	
Dislikes:	Boredom, not being able to socialize, exploring, bad weather
Communication Style:	Verbal
Learning Style:	Kinesthetic, modeling

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Competency Tracking Form
Linden Site

Participant: Justine Pullum **Annual Service Span: Sep 22- Sep 23**

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

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

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

Date Completed	Initials	Full Name
	KB	Bauch, Kia
		~~Cowherd, Katina~~
		Cox, Alice
	MH	Hetchler, Maria
		~~Hiland, Lindsay~~
	NJ	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla
		~~Olson, Emily~~
	CR	Rice, Colette
	JS	Sales, Jill

Date Completed	Initials	Full Name
	JS	Sales, Jill
	ES	Sandstrom, Erin
	AS	Sims, Aija
		Stacken, Laura
		Tieszen, Ellie
		Yang, Lisa
	RY	Yekaldo, Ralph
	LB	Bludorn, Leslie

Date Uploaded to LMS: _____

Staff: _____

Date: _____

Service Recipient: Justine Pullum

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose -Staff are aware of her sensitivity and support her to avoid lactose products Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder- has daily seizure med and protocol with PRN med. Frequent clonic tonic seizures but may experience partial/complex seizures. -Staff are trained on Justine's protocol and report any seizure activity to team
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: Bite size pieces. May eat finger foods too quickly. Able to drink from a straw or sippy cup, will reach for drink when thirsty. -Staff give verbal cues to slow down and chew. Staff encourage her to eat and drink independently.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, Amenorrhea, Sever Intellectual Disability -Staff assist in monitoring chronic medical conditions and will communicate concerns to her team DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally with food and drink. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, in-ceiling track system -Staff assist with personal cares and to wear clean and dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions and seizure disorder- high risk of falls. Uses manual wheelchair for mobility. -Staff propel wheelchair and assist her to reposition during her day.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to her face. Staff offer sensory or other activities that don't involve having her face touched. -Staff will wipe face as quickly as possible should they need.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious behaviors. Justine may push her finger into her eye socket. Justine may apply enough pressure to pop her eye out. -Staff support her to wear her glasses and her doctor prescribed mitten. Staff will help re-direct and monitor for signs of displacement. Should eye be displaced, call 911.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, being involved or activities, being offered choices, not having her face touched, listening to music, having good food	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Justine Pullum

Service Span: _____

Important for: Seizure protocol, glasses and protective mitten, having staff that know her well, having help to not poke her eye
Likes: Being a part of the group, music, dancing, music therapy, finger foods, eating independently
Dislikes: having her face touched, long periods of hand over hand, vegetables or ice cream, being left out, not being offered choices
Communication Style: Facial expressions, vocalizations, eye pointing at picture cards
Learning Style: Kinesthetic and vestibular. Benefits from routine and repetition.

Lead Review Completed: _____

Staff: Natalie Johnson
Date: 1-13-2023

PAI

Service Recipient: Justine Pollum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Daily Seizure med and protocol with PRN med frequent clonic tonic seizures - may experience partial/complex seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite Sized Pieces. may eat too quickly able to drink from a straw or sippy cup. will reach for cup when thirsty
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous sclerosis, Amenorrhea Severe intellectual disability DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally with food or drink Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief and mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: use manual wheelchair for mobility
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive to face. Staff offer sensory or other activites that don't involve having her face touched
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors. Justine may push her finger into her eye socket. Staff support her wearing glasses and mitten
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family being involved or activites, being offered choices not having her face touched	
Important for: Seizure Protocol, glasses and protective mitten, having staff that know her well, having help to not poke her eye	
Likes: being Part of the group, music, dancing, music therapy finger foods, eating independently	
Dislikes: having her face touched, long periods of HOH, vegetables ~~Yogurt~~ or ice cream	
Communication Style: facial expressions, vocalizations, eye pointing at picture cards	
Learning Style: Kinesthetic and vestibular. Benefits from routine and repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Maria. H

Date: 1/10/2023

PAI

Service Recipient: ~~Kelly Peterson~~

Service Span: Justine Pullum

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose. Staff are aware of her sensitivity and support her to avoid lactose products. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder has daily seizure med with PRN. May experience partial/complex seizure. Staff trained on seizure protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces, drink from straw/sippy cup - staff give cues to slow down and chew, encourage to eat and drink independently.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous sclerosis, Amenorrhea, severe intellectual disability. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally with food and drink. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table - in ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses wheelchair for mobility
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to her face, offer sensory or other activities that involve having her face touched.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors, she may push her finger into her eye socket. Staff monitor signs of displacement should eye be displaced, call 911.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, being involved activities, being offered choices, not having staff know her well, help to not poke her eye	
Important for: Seizure protocol, glasses and protective mitten, staff know her well	
Likes: Being a part of group, music, dancing, music therapy, finger foods, eating independently.	
Dislikes: her face being touched, long hand over hand. Veges on ice cream, being left out, not being over choices	
Communication Style: facial expressions, vocalizations, eye pointing at picture	
Learning Style: kinesthetic and Vestibular	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Jill Sally
Date: 1-10-23

PAI

Service Recipient: Justice
Service Span: Partum

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder - has daily seizure med + protocol w/ prn med, tonic clonic seizures + partial complex
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: bite sized pieces, may eat too quickly, uses straw or sippy cup teaches for when thirsty
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tuberous sclerosis, amenorrhea, severe intellectual disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally with food + drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable briefs, mat table, incontinent trash
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: chronic med conditions + seizure disorder - high risk of falling - uses manual w/c
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defense to her face, does not like having face touched
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self injurious behaviors, she may push her finger into eye socket, may put an eye out
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: ~~people, routine, ~~ music, family, being involved in activities, choices, not having face touched	
Important for: seizure protocol, glasses and protective helmet, having staff know her well, having help not to poke her eye	
Likes: music, part of group, dancing, music therapy, finger foods, eating independently	
Dislikes: having face touched, long periods of both veggies, ice cream being left out, no choices	
Communication Style: facial expressions, yes/no gestures, eye pointing at picture cards	
Learning Style: Kinesthetic + vestibular, routine + repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Arja Grims

Date: 11/12/25

Service Recipient: Justine Pullum

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to lactose - staff are aware of sensitivity, encourage her to avoid foods w/ lactose Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: seizure disorder - has daily med and PRN. frequent clonic tonic seizures but may experience partial/complex seizures. staff will monitor and communicate seizure activity to team
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pitesized pieces, may eat finger foods too quickly able to drink from straw
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tuberous sclerosis, Amenorrhea, severe intellectual disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: oraling w/ food and drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in-ceiling track lift, staff will assist with cares and ensure she is wearing clean and dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: chronic medical conditions and seizure disorder - high risk of falls - manual propelled wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community. ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive by face, staff will offer sensory activities
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self injurious behaviors, push finger into eye and pop out. she will wear glasses and mitts
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, being involved in activities, being offered choices, not having her face touched	
Important for: seizure protocol, glasses and protective mittens, having staff that know her well. Having help to not poke her eyes.	
Likes: being apart of the group, music, dancing, music therapy, finger foods, eating independently	
Dislikes: having her face touched, long periods of hand over hand, vegetables or ice cream, being left out, not being offered choices	
Communication Style: facial expressions	
Learning Style: kinesthetic, vestibular, benefits from routine and repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Leslie Bludorn
Date: 1-10-23

PAI

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff are aware of her sensitivity and support her to avoid lactose products. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder - has daily seizure med and protocal with PRN med - Frequent clonic tonic seizures but may experience partial)
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces; May eat finger food too quickly - able to drink from a straw or sippy cup
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, ~~Epilepsy~~ Amenorrhea, Severe Intellectual Disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally with food & drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, in ceiling track system - staff assist with personal cares and to wear clean & dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Seizure disorder - high risk of falls Use Manual Wheelchair for mobility
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to her face, staff offer sensory or other activities that don't involve having her face touched
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious behaviors, may push her finger into her eye socket Staff support her to wear her glasses -
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, be involved in activities, being offered choices not having her face touched, listening to music having good food	
Important for: Seizure Protocal, glasses & protective mitten, having staff know her well	
Likes: Being part of the group, music, dancing, music therapy finger foods, eating independently	
Dislikes: having her face touched long periods of hand over hand, vegetables or ice cream, being left out, not being offered choices	
Communication Style: facial expressions, vocalizations, eye pointing at pictures cards	
Learning Style: Kinesthetic & vestibular, Benefits from Routine	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ellie

Date: 1/10/23

Service Recipient: Justine Pullman

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose - staff are aware of sensitivity encourage her to avoid food with lactose Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder has daily med and PNR treatment clonic tonic seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Able to drink from straw Severe intellectual disability
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tuberous sclerosis, Amnorrea Severe intellectual disability DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally with food and drink Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief mat in ceiling tracks lift will make sure dry, extended dry.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions and seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: lil in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive by face, staff will offer sensory activity's
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self injures behaviors push finger into eye and pop it out She will wear glasses
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family being involved in activities, being offered choices	
Important for: seizure protocol, glasses and protective mittens,	
Likes: being apart of the group, music, dancing, music therapy	
Dislikes: having her face touched, long periods of hand over hand.	
Communication Style: facial expressions	
Learning Style: kinesthetic vestibular benefits from routine	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Lisa Wang
Date: 1/10/2023

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder - has daily seizure meds & protocols. Frequent clonic tonic seizures but may experience partial/complex seizures
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite sized pieces, may eat finger foods. Able to drink from straw.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis. Amenorrhea. Sever Intellectual behavior DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Orally with food & drinks Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief, mat table, in-ceiling track system.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Chronic medical condition & seizure disorder High risk falls. Manual wheelchair for mobility. Staff propel wheelchair/assist reposition during the day.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the community ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to her face. Offer sensory
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Self-injurious behaviors. push her finger into her eyes sockets.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Family, being involved/activities, being offered choices, not having her face touch, listening to music, having good foods.	
Important for: Seizure protocols. glasses, protective mittens, staff she knows well, Helping her not poke her eyes.	
Likes: Being part of groups, music, dancing, music therapy, finger foods, eating independently	
Dislikes: having her face touched. long periods of hand over hand, vegetable or ice cream, being left out, not being offered choices.	
Communication Style: facial expressions, vocalizations, eye pointing @ picture cards	
Learning Style: Kinesthetic & vestibular.	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Kia L. Bauch
Date: 1/10/22

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to lactose Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder - has daily seizure med + protocol + PRN
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: - bite sized pieces, may eat finger food - able to drink from a straw
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: tuberous Sclerosis, Amenorrhea, Sever Intellectual Behavior DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: orally w/ food Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling track
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: high risk of falls, staff propel wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive to her face
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: self-injurious behaviors, push her finger into her eye socket
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: family, being involved, choices	
Important for: Seizures, glasses + protective glasses	
Likes: music, dancing, music therapy	
Dislikes: having her face touched, hand over hand	
Communication Style: facial expressions, vocalizations	
Learning Style: Kinesthetic, vestibular	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Laura Stacken
Date: 1/10/23

PAI

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder has daily seizure med & protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces - may eat finger foods too quickly. Able to drink from a straw.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, Amenorrhea, Sever intellectual Disability	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally w/ food & drink	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, mat table in-ceiling track system	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions & seizure disorder - high risk of falls	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive to her face. Staff offer Sensory or Other.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-Injurious behaviors, Justine may push her finger into her eye socket, Justine may apply enough pressure to pop her eye out.	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Family, being involved or activities, being offered choices, not having face touched, music, food.		
Important for: Seizure protocol, glasses, & protective mitten, having staff that know her.		
Likes: being apart of the group, music, dancing, music therapy, finger foods, eating independent.		
Dislikes: having face touched, long period of Holt, veggies, or ice cream being left out, not being offered choices.		
Communication Style: facial expressions, vocalizations, eye pointing & Picture card		
Learning Style: Kinesthetic, vestibular, benefits from Routine & Repetition		

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Nicole L. Cox
Date: 1-10-2023

PAI

Service Recipient: Justine
Service Span: Pullman

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

Allergies: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: NA Sensitive to Latex Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent tonic clonic + Partial Complex Seizure Protocol, daily med + PRN, bed alarm
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized, may eat finger foods too fast & Drink from straw or sippy cup Verbal Cues to slow down
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Severe Intellectual Behavior Tuberous Sclerosis, Dmenorrhea DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally w food + Drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes staff help	Describe Supports: Disposable Briefs, mat table, track System clean dry eligible
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: High risk of falls, Manual wheelchair Staff Propel + Reposition
Community Support: ☒ No ☐ Yes	Describe Supports: Protect + Serve ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile Defensive by face, Staff will Staff proper sensory routine activities Lotion face quickly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious behaviors, Push fingers into eye + pop out, Wear glasses + mits
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, being involved, choices, Don't touch face	
Important for: Seizure Protocol, glasses, protective mits, Staff that know her well	
Likes: Part of group, Music, Dancing, Music Therapy, Finger Food	
Dislikes: Touching face, long periods of Holt, Vegies, Being left out	
Communication Style: Facial Expressions, Vocalizations	
Learning Style: Kinesthetic Vestibular	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Sommr
Date: 1.10.23

PAI

Service Recipient: Justice Pullum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to lactose	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, daily Seizure med, W/ PRN clonic tonic	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized pieces may eat finger foods too quickly, drinks from Sippy Cup	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Amenorrhea, Seizure D, tuberous Sclerosis	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally W/ food / drink	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, in ceiling track	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk due to Seizures / conditions, staff propel wheelchair	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in comm	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defense to her face	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, may push finger in eye, may pop eye out	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
family, being involved, choices, food

Important for:
Protocols, glasses, mitten,

Likes:
music, dancing, finger food, not being offered

Dislikes:
long hair, veggies, ice cream

Communication Style:
eye pointing, facial expressions

Learning Style:
Kinesthetic, routine rep

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Colette Rice
Date: 1.10.23

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive, to lactose	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, has daily Seizure med PRN Protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized pieces, may eat finger foods able to drink from ~~tr~~ straw	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tuberous Sclerosis, Severe ~~intellectual~~ behavior	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally w/ food or drink no daily meds	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table ~~in~~ in ceiling trac.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: high risk of falls	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactile defensive to her face	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
family, friends, being involved, choices

Important for:
Protocol, Protective gloves, being involved

Likes:
music therapy, dancing

Dislikes:
face touched, veggies, ice cream

Communication Style:
facial expressions

Learning Style:
routine, ~~repetition~~ repetition

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 1.10.2023

PAI

Service Recipient: JUSTINE PULLUM
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SENSITIVE TO LACTOSE Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: SEIZURE DISORDER, DAILY SEIZURE MED, PRN PROTOCOL COMC/TONIC SEIZURES
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: BITE SIZE PIECES, DRINKS FROM STRAW/SIPPY CUP -GIVE CUES TO SLOW DOWN AND CHEW - ENCOURAGE INDEPENDENCE
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TUBEROUS SCLEROSIS, AMENORRHEA, SEVERE ID DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: ORALLY W/ FOOD/DRINK Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: IN CEILING TRACK SYSTEM, DISPOSABLE BRIEF
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MANUAL W/C, HIGH RISK OF FALLS, ASSIST TO REPOSITION
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TACTILE DEFENSIVE TO HER FACE, OFFER SENSORY -WIPE FACE QUICKLY AS NEEDED
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, PUSH FINGERS INTO EYE SOCKET HAND MITTENS
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: FAMILY, FRIENDS, ACTIVITIES, CHOICES, NOT HAVING FACE TOUCHED	
Important for: SEIZURE PROTOCOL, GLASSES/MITTENS, STAFF THAT KNOW HER	
Likes: PART OF GROUP, MUSIC, DANCING, M.T., FINGER FOODS	
Dislikes: FACE TOUCHED, LONG PERIODS OF HOLT, VEGGIES, ICE CREAM LEFT OUT	
Communication Style: FACIAL EXPRESSIONS, VOCALIZATIONS, EYE POINTING AT PIC CARDS	
Learning Style: KINESTHETIC, VESTIBULAR, ROUTINE/REPETITION	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: DEANNE Lepley
Date: 1-10-23

PAI

Service Recipient: Justine Pullum
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to lactose Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, has daily seizure med + protocol w/ freq. clonic tonic seizures but may exp. partial/complex seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces. May eat other foods to quickly. Able to drink from a sippy cup or straw encourage to slow down + chew
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, Amenorrhea, severe intellectual disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Oral all food + drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, on-ceiling track system - in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: chronic med conditions + seizure disorder high risk of falls. Uses manual w/c
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tactile defensive to face. staff offer sensory or other activities that dont involve having face touched
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self-injurious behaviors. may push her finger into eye socket staff will support to wear glasses + doctor prescribed mitten. should eye be displaced, call 911.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family being involved or activities, being offered choices	
Important for: seizure protocol, glasses + mittens, hands help not poking her eye	
Likes: being part of group, music, dances, music therapy	
Dislikes: having her face touched, long periods of hand over hand	
Communication Style: facial expression, vocalizations, eye pointing at picture cards	
Learning Style: Kinesthetic + Vestibular. benefits for Routine + Repetition.	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: [illegible]

Date: [illegible]/23

PAI

Service Recipient: Justin

Service Span: ____________

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

Allergies: [x] No [ ] Yes [ ] N/A	List & Describe Supports: lactose sensitivity NKDA Medication Allergies? [ ] No [ ] Yes *Listed on MAR, only administer meds per dr. order*
Seizures: [x] No [ ] Yes [ ] N/A	Describe Supports: Seizure disorder, Daily [illegible] protocol report activity to the team
Choking/ Specialized Diet: [x] No [ ] Yes	Describe Supports: bite size pieces. [illegible] drinks from [illegible] straws.
Chronic Medical Conditions: [x] No [ ] Yes [ ] N/A	List & Describe Supports: monitor conditions and report concerns to the team. DNR/DNI? [x] No [ ] Yes *Located in main file, share with EMT in emergency*
Medication: [x] No [ ] Yes	Describe Supports: takes meds orally Daily medication at PAI? [x] No [ ] Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: [x] No [ ] Yes	Describe Supports: Disposable brief, [illegible]
Mobility/Fall Risk: [x] No [ ] Yes	Describe Supports: manual wheelchair, Risk of fall due to seizure and med conditions
Community Support: [ ] No [ ] Yes	Describe Supports: 1:1 in community [x] Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: [x] No [ ] Yes [ ] N/A	List & Describe Supports: tactile sensitive to face. wipe face as required
Behavior Support: [x] No [ ] Yes	List & Describe Supports: Displays unfavorable behavior [illegible]

Unsupervised time while at PAI? [x] No [ ] Yes

Important to: family, being involved in activities, [illegible]

Important for: seizure protocol, wearing glasses

Likes: part of group, music, music therapy

Dislikes: [illegible] touch, [illegible], [illegible], [illegible]

Communication Style: Vocalization, facial expression

Learning Style: [illegible], repetition, kinesthetic, verbal

Lead Review Completed: ____________

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ralph Yeroldo

Date: 11/10/2023

Service Recipient: Justine Pullum

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to Lactose Staff will monitor for signs of seasonal allergies and will communicate concerns Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures disorder had daily seizures med and Protocol with PRN med, Frequent clonic tonic Seizure, but may experience, Partial Complex
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces, may eat Finger Food Too quickly. able to drink
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tuberous Sclerosis, Amenorrhea, Severe Intellectual Disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally w Food and drink Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, Incelling Track system, Staff assist w Personal cares and To wear clean and dry clothing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: chronic medical conditions and seizure Disorder, high risk of Falls, Uses Manual
Community Support: ☒ No ☐ Yes	Describe Supports: 1-1 community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: Tactile defensive, to her Face, Staff offer sensory or other activities that don't involve having her Face Touched, Staff will wipe Face as quickly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Throws items, Depression Staff encourage Kelly To use words
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, being involved on activities, being offered choices, not having her Face Touched	
Important for: Seizure Protocol, glasses and protective mitten, having Staff That know her well, having help To not Poke her eye	
Likes: Being a Part of The group, music, dancing, music therapy Finger Foods eating independently	
Dislikes: Having her Face Touched, Long Periods of hand over hand Veggies or Ice Cream, being Left out not being offered choices	
Communication Style: Facial expression, vocalization, eye Pointing at Picture	
Learning Style: Kinestetic and Vestibular, Benefits From routine and repetition	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____