DA In-service Training Log – Parkway

Date: 10.11.2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.75	Kennedy Norwick			Site-specific updates Agency-wide updates MF Competency

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

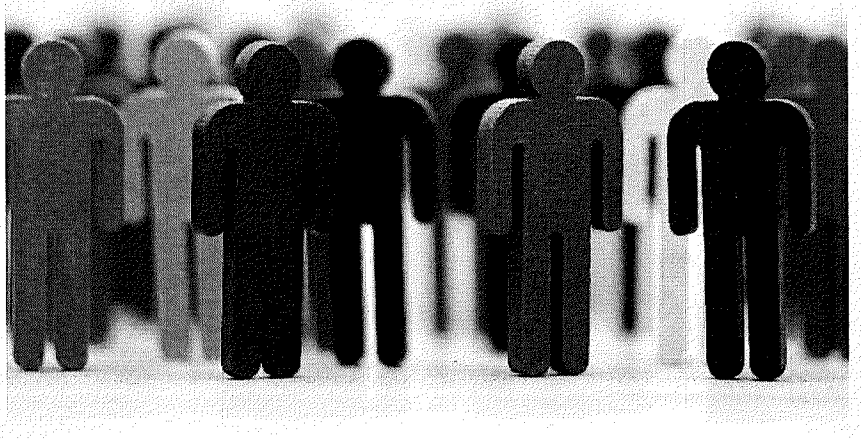
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
			Anna Wrich
	N/A		Samantha Thury
	CB		Brey Cinq

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

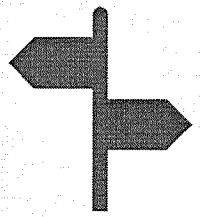
			Other *Attendees*
10/25/22	TB		Tyler Bongard
10/31/22	KP		Kathy Perry

PAI-Parkway Team Meeting

Date: 10/11/2022

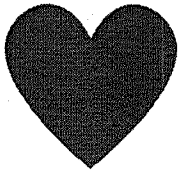


Welcome



Sign In

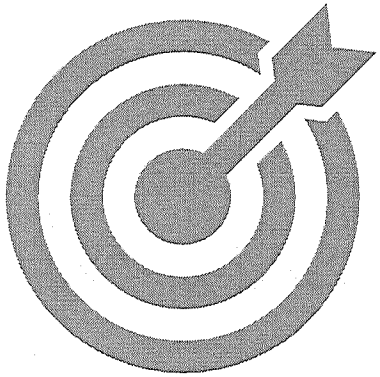
Introductions

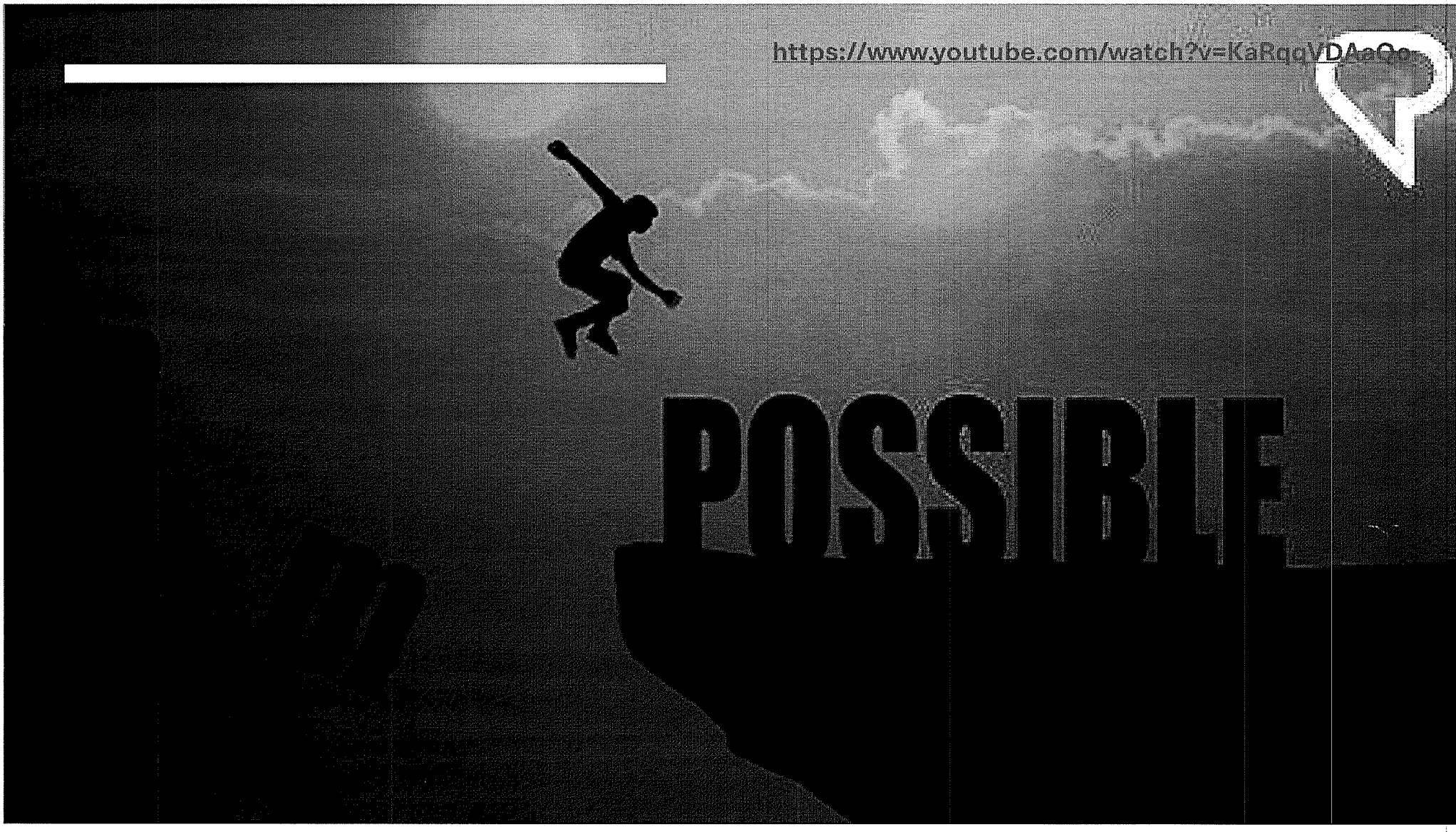


A moment of gratitude

Agenda

Welcome
Video
Site-Specific Updates
Agency-Wide Updates
Competency Reviews
Wrap Up




https://www.youtube.com/watch?v=KaRqqVDAeQo
POSSIBLE

Site-Specific Updates

- Pumpkin decorating contest!
- **BOO BASH!**
  - Get list of needed items to Kennedy by Friday

Agency-Wide Updates

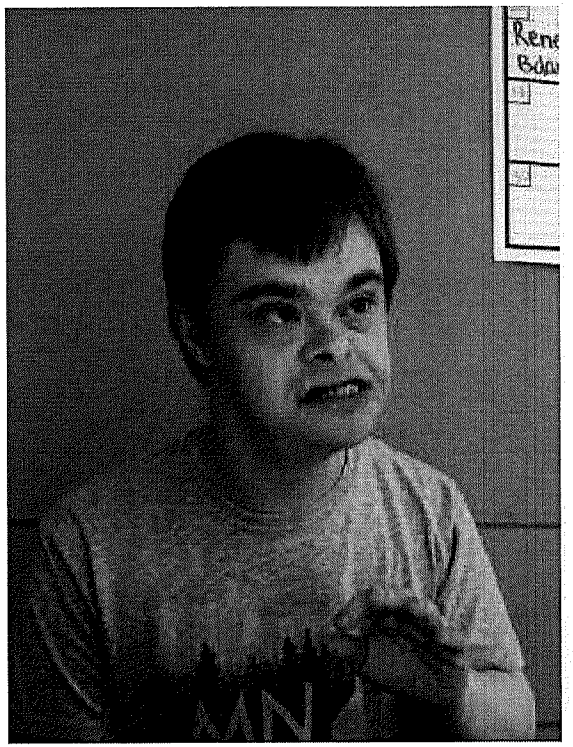
- Nearing the deadline/end of citation changes! WOO HOO!

- RETENTION BONUS!
  - October 14th check

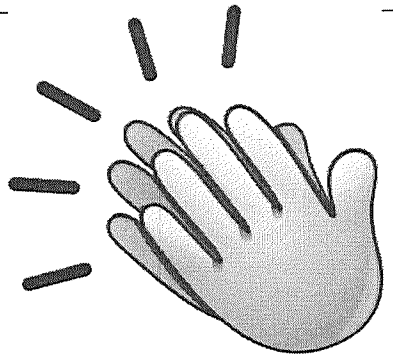
- REFERAL BONUS!
  - Up to $500

Competency Reviews

Matt Fontaine



Outcome #1: Matthew will join a group sing-a-long.
Outcome #2: Matthew with help staff unlock the iPad and will assist in charging the iPad when needed.
Communication Style: Non-verbal, body language, hand gestures
Learning Style: Learns best with verbal instruction/observation



[redacted]

Allergies: ☐ No ☐ Yes	List & Describe Supports: Matthew has seasonal allergies and is allergic to Penicillin, Sulfa, Cefzil, Septra and Augmentin. Staff are aware and trained on Matt's allergies. Staff will obtain the necessary first aid/medical personal if Matthew were to show signs of an allergic reaction.
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☐ No ☐ Yes	Describe Supports: Matthew is on a mechanical soft diet. If Matthew appears to be taking large bites or eating too fast, staff will verbally remind him to "eat slowly" and to "take small bites".
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Matthew is on a mechanical soft diet. If Matthew appears to be taking large bites or eating too fast, staff will verbally remind him to "eat slowly" and to "take small bites".

[redacted]

Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes N/A
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☐ No ☐ Yes	Describe Supports: Mostly independent. Provide verbal prompts if he won't leave the bathroom.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff support Matthew by pointing out obstacles, steps and curbs. Staff may also offer verbal cues such as "step down", "look at your feet", "slow down" or "hold the handrail". Staff will re-tie Matthew's shoes if he were to un-tie them.
Community Support: ☐ No ☐ Yes	Describe Supports: If Matthew begins to wander, staff will go with him or they will ask him to "stay with the group". They may offer their hand to lead him back. Staff will informally teach pedestrian and community safety as they move about in the community.

[redacted]

Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time
Important to: routines, patience (especially with transitions), being prepared for transitions, reinforcement (clapping), iPad, singing songs/game show songs, making choices/decisions	

[redacted]

Important for: letting him complete his routines, patient staff, preparing him for transitions, reinforcement for completing tasks, choices/decisions, helping him to become more flexible in his routines, using "first/then", time to process, staff with up-beat tones
Likes: Music (singing Take Me Out to the Ball Game), game shows/game show songs, reinforcement (clapping), iPad/electronic games, his lunch that is sent from home, pushing buttons, videos, eating, shopping with dad/pushing the cart, visiting grandma and going for rides.
Dislikes: Being rushed, not being prepared for a transition, food that is not sent in his lunch, pickles, crunchy fruits and vegetables, feeling like someone is in his "space", being told "no", going to the doctor/dentist.

Tomorrow: 1:45-2:45

LDSP's: Work time

DSP's: LMS

Wrap Up

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

Any final thoughts?

Competency Tracking Form

Participant: Matt Fontaine

Annual Service Span: September 2022 – September 2023

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

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name
	SG	Susan Gaines
	JG	John Gebhardt
	KG	Andrea Green
		Jess Gunderson
	MH	Monserrat Hernandez
	NK	Nikki Kereluk
		[redacted]
	KN	Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
3/29	AW	Anna Wrich
	N/A	Samantha Thury
	CB	Cindy Brn
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
19/12/22	TB	Tyler Bongard
10/31/22	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: Anna wrich
Date: 3/29/2023

PAI

Service Recipient: Matt fontaine, ~~Anna. Wrich~~
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: Penicillin, Sulfa, Cefzil, Septra, Augmentin Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: No known history.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut into bite size pieces, uses spoon/fork.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: 1 DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: would take crushed med in applesauce. Passed by med 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: Support w/ BM's. otherwise indep.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip over obstacles or shoe laces. Lend arm/hand.
Community Support: ☒ No ☐ Yes	Describe Supports: May wander. visual range at all times. ☒ 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: NO SIB, May yell if envir. is to loud. May get stuck in restrooms in public.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none.
Important to: routines, iPad, songs, commericals, choices.	
Important for: routines, staff w/ patience, Preparing for transitions. "first/then Lang."	
Likes: music, iPad, game shows, Lunch, shopping w/ Dad.	
Dislikes: Being rushed, crunchy fruits/veggies.	
Communication Style: non-verbal, gestures, body Lang, vocalizations.	
Learning Style: repitition, Positive reinforcement, hand/hand.	

Lead Review Completed: _____

Staff: Kathy Perry

Date: 10-31-22

PAI

Service Recipient: Matt Fontaine

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Will join a group sing along.

Summarize Steps:

Outcome #2: Matt will help unlock IPAD and assist in charging IPAD when needed.

Summarize Steps:

Communication Style: non verbal body language, hand gestures

Learning Style: verbal instruction/observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal, penicillin, sulfa, cefzil, septra augmentin watch for any allergic reactions
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft. If taking lg bites or eating to fast, staff remind "eat slowly" "take small bites"
Specialized Diet: ☒ No ☐ Yes	Describe Supports: mechanical soft
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly indep. Verbal prompts if doesn't leave bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Point out obstacles, steps, curbs. Verbal cues to "step down" "slow down" "hold handrail" Ketil shoes if untied
Community Support: ☒ No ☐ Yes	Describe Supports: May wander - staff go with him + remind "stay with group" offer hand to lead back
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to: routines, patience (especially with transitions), being prepared for transitions, reinforcement (clapping) IPAD, singing songs/game show songs choices decisions

Important for: letting him complete routines, patient staff, preparing him for transitions reinforcement for completing tasks, choices, decisions, first/then, time to process up beat staff

Likes: music, singing, reinforcement, IPAD/electronic games, lunch, videos pushing buttons, eating, shopping - pushing cart, visit grandma, going for rides

Dislikes: Being rushed, not being prepared for transition, food not sent in lunch pickles, crunchy ~~foods~~ fruits + veggies, someone in his space, being told NO going to Dr/dentist

Lead Review Completed: _____

Staff: TYLER BONGARD
Date: 10/12/22

PAI

Service Recipient: MATT FONTAINE
Service Span: SEPT. '22 - SEPT. '23

Outcomes:

Outcome #1: MATTHEW WILL JOIN A GRAP SING ALONG (ENJOYS SIGNING & MUSIC)

Outcome #2: MATTHEW WILL HELP STAFF UNLOCK THE IPAD & WILL ASSIST W/ CHARGING IPAD WHEN NEEDED

Communication Style: BODY LANGUAGE & HAND GESTURES

Learning Style: VERBAL INSTRUCTION & OBSERVATION

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SEASONAL ALLERGIES & ALLERGIC TO PENICILLIN, SULFA, CEFZIL, SEPTRA & AUGMENTIN.
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes EATING TOO FAST, REMIND TO "EAT SLOWLY" "TAKE SMALL BITES"	Describe Supports: MECHANICAL SOFT DIET. IF TAKING LARGE BITES/
Specialized Diet: ☐ No ☐ Yes	Describe Supports: MECHANICAL SOFT
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NO MEDS @ PAI N/A
Personal Cares: ☒ No ☐ Yes PROVIDE VERBAL PROMPTS & GENTLE HAND UNDER ARMPIT	Describe Supports: WHEN HE DOESN'T WANT TO LEAVE BATHROOM,
Mobility/Fall Risk: ☒ No ☐ Yes "STEP DOWN" "SLOW DOWN" "LOOK AT YOUR FEET" RE-TIE SHOES	Describe Supports: POINT OUT OBSTACLES, STEPS & CURBS. VERBAL CUES TO GUIDE
Community Support: ☒ No ☐ Yes	Describe Supports: "STAY WITH THE GRAP" OFFER HAND TO LEAD HIM BACK. MODEL PEDESTRIAN & COMMUNITY SAFETY.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME

Important to: IPAD, "TAKE ME OUT TO THE BALL GAME" & "HEAD SHOULDERS KNEES & TOES", PLAYING GAMES, CAR RIDES, WII, MY ROUTINES, PATIENCE

Important for: LETTING HIM COMPLETE HIS ROUTINES, PATIENT STAFF, PREP FOR TRANSITIONS, REINFORCEMENT FOR COMPLETING TASKS, USING 1ST/THEN

Likes: MUSIC, GAME SHOWS, CLAPPING, LUNCH SENT FROM HOME, PUSHING BUTTONS, SHOPPING W/DAD, VISITING GRANDMA

Dislikes: BEING RUSHED, NOT BEING PREPARED FOR TRANSITIONS, FOOD NOT SENT IN LUNCH, FEELING LIKE SOMEONE IS IN HIS SPACE,

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 10-11-22

PAI

Service Recipient: Matt Fontaine
Service Span: 9-22 - 9-23

Outcomes:

Outcome #1: Walk a group slug along.
Summarize Steps:

Outcome #2: Help staff unlock iPad & assist in charging when needed.
Summarize Steps:

Communication Style:
Non-verbal, body language, hand gestures

Learning Style:
verbal instruction and observation

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Setra, Osmenth Seasonal, penicillin, Sulfa meds, cefzil
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: mechanical soft diet, "eat slow" "small bites"
Specialized Diet: ☐ No ☐ Yes	Describe Supports: See above " "
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes NA	Describe Supports:
Personal Cares: ☑ No ☐ Yes	Describe Supports: wipe shield / Verbal prompts to leave restroom independent / BM - takes off all clothes: shoes
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Point out obstacles, verbal cues, retie shoes
Community Support: ☑ No ☐ Yes	Describe Supports: teach community safety Verbal cues to stay with group
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports:
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO unsupervised time

Important to:
routines, reinforcement, iPad, same shoes, singing songs,

Important for:
complete routines, patient, time to process preparing for transitions

Likes:
music - take me out to the ballgame, iPAD, shopping, ray recorder, clapping

Dislikes:
rushed, crunchy fruits & veggies, being in his space

Doc / Dentist

Lead Review Completed: _____

Staff: Cindy Brey
Date: 10.11.22

PAI

Service Recipient: Matt F
Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Join a group sing a long.
Summarize Steps:

Outcome #2: Help staff unlock I Pad and assist charging I Pad.
Summarize Steps:

Communication Style:
Non Verbal, body language, hand gestures

Learning Style:
Verbal instruction & observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal, Penicillin, Sulfamed, Cefcil, augmunt
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: So ft diet, Verbal Reminders to eat slow & small bites
Specialized Diet: ☐ No ☐ Yes	Describe Supports: See above
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: may need help to re-dress if have BM - takes clothes off. Independent, may need Verbal prompts to leave bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Point out objects, Verbal Cues, re-tie Shoes,
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal cues to stay w/ group, Stranger/Street Safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Routine, I Pad, Sing songs w people sing, game shows	
Important for: Let him complete his routine, prepare for transition, processing time	
Likes: Music, clapping, I Pad, Shopping & pushing Cart, toy recorder	
Dislikes: Being rushed, Crunchy fruit/veg, space invaded, Dr/Dentist	

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 10/10/22

PAI

Service Recipient: Matt Fontain
Service Span: 9/22/23

Outcomes:

Outcome #1:
Summarize Steps:
Matt Join a group Singalong

Outcome #2:
Summarize Steps:
Help Staff unlock IPad & assist Charging IPad

Communication Style:
non Verbal Body language

Learning Style:
Verbal instruction & observation

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal allergies Augmenten cefvil Penicillian Sulfameds Septra
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: mechanical Soft diet
Specialized Diet: ☐ No ☐ Yes	Describe Supports: mechanical Soft diet eat slow smallbites
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☐ No ☐ Yes	Describe Supports: help with BM - will remove clothes Mostly independent verbal prompts to leave bathroom
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Point out obstacles verbal ques rette Shoes
Community Support: ☐ No ☐ Yes	Describe Supports: Verbal ques stay w/group teach community safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no unsupervised

Important to: Routines, reinforcement Ipad singsongs, game shows,

Important for: let him complete routine Patience, prepare for transition time to Passes

Likes: music, clapping IPad, Shopping w Dad pushing cart toy recorder

Dislikes: being rushed, Crunching Fruit & Veg people in his space going doc dents

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 10/11/22

Service Recipient: Matt Fontaine
Service Span: 9/22-9/23

Outcomes:

Outcome #1: Will join group sing-a-long
Summarize Steps:

Outcome #2: Help staff unlock Ipad & assist w/ charging
Summarize Steps:

Communication Style: non-verbal, body language, gestures

Learning Style: verbal instruction / observe

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal, penecillin, sulfa, cefzil, Septra, augmentin
Seizures: ☐ No ☐ Yes –	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft - "slow/small bites"
Specialized Diet: ☒ No ☐ Yes	Describe Supports: see above ↑
Chronic Medical Conditions: ☐ No ☐ Yes –	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes –	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly independent.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: point out obstacles, verbal cues., tie shoes.
Community Support: ☒ No ☐ Yes	Describe Supports: supervision, cues to stay w/ group. ped/comm safety
Sensory Support: ☐ No ☐ Yes –	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes –	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE

Important to: routines, reinforcement, ipad, singing, game shows.

Important for: complete routines, patience, processing, transition needs up

Likes: music clapping, ipad, shopping w/ dad, recorder,

Dislikes: being rushed, crunchy food, people in space, doctor / dentist

Lead Review Completed: _____

Staff: Andrea (Aide)

Date: 10-11-22

Service Recipient: Matt F

Service Span: 9/22-9/23

Outcomes:

Outcome #1:

Summarize Steps:

10 in group sing along

Outcome #2:

Summarize Steps:

Help staff unlock ipad & assist w/ charging

Communication Style:

nonverbal

Learning Style:

body language, show away verbal instructions

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal penicillin sulfa, cefzil septra augmetin
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft diet reminder eat slow small bites
Specialized Diet: ☐ No ☐ Yes	Describe Supports: see above
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: independent verbal prompts to leave
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: point out obstacles verbal cues, ~~lefty~~ shoes
Community Support: ☒ No ☐ Yes	Describe Supports: verbal cues to stay in group model ~~staff~~
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: non

Important to: routines, patience, reinforcement ipad singing game making choices shows

Important for: letting him complete his routines, preparing for transitions time process

Likes: music, clapping, ipad shopping w/ dad pushing cart reorder

Dislikes: being rushed, crunchy food, being in space, dr/dentist,

Lead Review Completed: _____

Staff: Donna
Date: 10-11-22

PAI

Service Recipient: Matt Fontaine
Service Span: Sept

Outcomes:

Outcome #1:
Summarize Steps: Sing-a-long

Outcome #2:
Summarize Steps: Help staff unlock Ipad assit plugs in

Communication Style: non-verbal body Language hand gestures

Learning Style: Verbal

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Sulfa meds, Penicillin, cefzil, Septra and Augmentin
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: eat slow reminder take small bits
Specialized Diet: ☐ No ☐ Yes	Describe Supports: See ↑
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independent - mostly - BM will take off clothes put on trash help get re-dressed "clean up"
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: verbal cues - look out
Community Support: ☐ No ☐ Yes	Describe Supports: verbal cue to stay w/group teach safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: ∅

Important to: Routines - Reinforcement Ipad singing songs game shows

Important for: Let him complete his routine being Patient Prepare for transitions time to prosses

Likes: music clapping Ipad shopping w/Dad pushing the cart. toy recordy

Dislikes: Rushed crunchy fruits and VGs people in his space. going to Dr. or dentist

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 10/11/22

Service Recipient: Matt Fountaine
Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: join a group sing-a-long
Summarize Steps:

Outcome #2: help staff unlock the ipad / charge the ipad.
Summarize Steps:

Communication Style:
Non verbal, body language, hand gestures

Learning Style:
Verbal instruction, observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal, penicillin, sulfa meds, cefzil, septra, Augmentin
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft diet, verbal reminders "eat slow" "small bites"
Specialized Diet: ☒ No ☐ Yes	Describe Supports: see above
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly independent, verbal prompts to leave
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: point out obstacles, verbal cues, re-tie his shoes
Community Support: ☒ No ☐ Yes	Describe Supports: verbal cues to stay w/group, teach pedestrian/community safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NO unsupervised time

Important to: routines, reinforcement, ipad, singing songs, game shows, making choices

Important for: completing his routines, being patient, preparing for transitions, time to process

Likes: music, take me out to the ball game, clapping, ipad, shopping, toy recorder

Dislikes: Being rushed, crunchy fruits/vegtables, people being in his space, doctor/dentist

Lead Review Completed: _____

Staff: JohnGebhardt
Date: 10-11-22

PAI

Service Recipient: Matt Fontaine
Service Span: 2022 to 2023

Outcomes:

Outcome #1: Matt will join group sing along.
Summarize Steps:

Outcome #2:
Summarize Steps: Matt will help staff unlock I pad and plug in The I pad.

Communication Style: nonverbal, uses gestures, body language

Learning Style: Structured and observational learning

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal Allergies, Penicillin, Sulfa Meds
Seizures: ☐ No ☐ Yes NA	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Has soft food diet, small bites. Slowly.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: see above.
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes NA	Describe Supports: N/A none at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly Independent, but needs verbal prompt
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Point out any obsticals, check his shoe-laces
Community Support: ☒ No ☐ Yes	Describe Supports: Give verbal cues to stay in group.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to: His Routines, Clapping, Music, Game Shows

Important for: Letting him complete his routines. Being Patient.

Likes: Music, baseball, clapping, I Pad, Pushing Shopping Cart.

Dislikes: Being rushed, Crunchy Fruits, people in his space (way) Going to the Doctor or Dentist.

Lead Review Completed: _____

Staff: Monse H.
Date: 10-11-22

PAI

Service Recipient: Matt F.
Service Span: Sep 22 - Sep 23

Outcomes:

Outcome #1:
Summarize Steps: Join a group sing along

Outcome #2:
Summarize Steps: Help staff unlock Ipad / assist to charge

Communication Style: non-verbal, Body language

Learning Style: Verbal and observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal, Penasilyn, sulfa-meds
Seizures: ☐ No ☐ Yes N/A	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft diet, verbal reminders
Specialized Diet: ☐ No ☐ Yes	Describe Supports: See above
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports:
Personal Cares: ☐ No ☐ Yes	Describe Supports: Independent, ques "let's go"
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Point out obstacles - Provide verbal ques
Community Support: ☐ No ☐ Yes	Describe Supports: Verbal to stay with the group
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

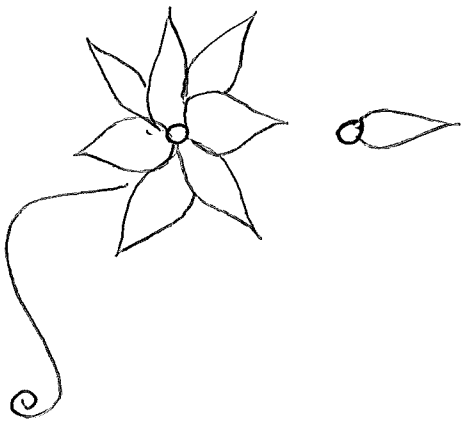
Important to: Routines, clapping, Singing, Ipad, Game show

Important for: complete Routines, Patient, transitions

Likes: music, clapping, Ipad, shopping w dad, recorder

Dislikes: crunchy foods, Doctor, Dentist

Lead Review Completed: _____



Staff: Cindi Stucky
Date: 10-11-22

PAI

Service Recipient: Matt Fontaine
Service Span: Sept 22-23

Outcomes:

Outcome #1: join a group sing along.
Summarize Steps:

Outcome #2: will help staff unlock ipad & assist in charging ipad when needed.
Summarize Steps:

Communication Style: non verbal

Learning Style: body language / hand gestures / instruction observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: penicillan, Septra, seasonal sulfa, cefzil + augmentin
Seizures: ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: mechanical soft diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: take small bites - see above
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: independant / verbal prompts
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: point out obstacles - steps + curbs
Community Support: ☒ No ☐ Yes	Describe Supports: if he begins to wander - go with him ask him to stay w/ group - safety
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to: routines, patience, ipad, making choices sing songs, clapping, game shows

Important for: to complet routines, patient for transitions - preparing time to process

Likes: music, clapping, ipad, shopping w/ dad - recorder

Dislikes: Rushed, Crunchy fruits + veg. ppl in his space going to dr or dentist.

Lead Review Completed: _____

Staff: Gaines, Susie

Date: 10/17/22

PAI

Service Recipient: Matt Fontaine

Service Span: Sep. 2022 - Sep. 2023

Outcomes:

Outcome #1: Matthew will join a Group Sing along.

Summarize Steps:

Outcome #2: Matthew will help Staff unlock Ipad / help plug in to Charge

Summarize Steps:

Communication Style: non-verbal

Learning Style: Verbal instruction, by Watching.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal, penicillin, ~~cef~~ cefzil, Steptria, Augmentin
Seizures: ☐ No ☐ Yes N/A	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Matthew (Willison mechanical Soft diet, Small bites
Specialized Diet: ☒ No ☐ Yes	Describe Supports: See above
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports:
Personal Cares: ☐ No ☐ Yes	Describe Supports: Mostly Indep. Redirection Verbal reminders. Staff will need to Clean up
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: point out things. Retic Shoes. "look at feet"
Community Support: ☐ No ☐ Yes	Describe Supports: Verbal cues to Stay with group. Community Safty.
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: NO Unsupervised time.
Important to: routines, reinforcement, Ipad, Singing Songs, Clap. game Shoes,	
Important for: letting him routine, train, time to process, being patient	
Likes: music, "take me out baseball game Clapping, Ipad, Shopping, pushing chair Dad.	
Dislikes: being rushed, Crunchy fruit, Veggies, people being in his face. Going to doctor's, or dentist office.	

Lead Review Completed: _____

Staff: Daniel P

Date: 10/11/22

Service Recipient: Matthew F.

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: _____

Summarize Steps: Join a group sing along

Outcome #2: _____

Summarize Steps: will help staff unlock ipad and assist with charging.

Communication Style: nonverbal, body language, hand gestures

Learning Style: Verbal instruction and observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies, Penecillin, sulfa, Sefcil, Septra, and augmentin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: Mechanical soft diet; Verbal reminders to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: See above
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NA
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly independent, verbal prompts to exit
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Point out obstacles provide verbal cues
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal cues to stay with group.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: routines, reinforcement (clapping) ipad, songs, gameshows	
Important for: Letting him complete routines, being patient, prepared for transitions time to process	
Likes: music, clapping, ipad, shopping with Dad, toy recorder	
Dislikes: being rushed, crunchy fruit and vegetables, people in his space Doctor and Dentist.	

Lead Review Completed: _____

Staff: Dave Tozer

Date: 10/11/22

Service Recipient: Matt Fontaine

Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1: Matthew will join a group sing a-long

Summarize Steps:

Outcome #2: Matthew will help ~~as~~ unlock the IPAD + charge as needed

Summarize Steps:

Communication Style:

Non-verbal, Body language, gestures

Learning Style:

Verbal instruction + observation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal, Penicillin, Sulfa, Cefzil, Septra + Augmentin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: Mechanical soft diet, verbal reminders to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: See Above ↑
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: NA
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly independent (uses shield)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Point out obstacles, verbal cues, re-tie shoes
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal reminders to stay with group
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:

Routine, re-enforcement, IPAD, sing-along, game shows

Important for:

Let him complete Routine, Patience, prepare for transitions, time to process

Likes:

Music, clapping, IPAD, shopping with dad, toy-recorder

Dislikes:

Being rushed, crunchy frozen vegs, people in his perceived space, Dr. or going to dentist.

Lead Review Completed: _____

Staff: Daniel P

Date:

Service Recipient: Matt F.

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, Penicillin, Sulfa, Cefzil, Septra, and Augmentin. Staff will obtain medical and 1st as needed 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: Mechanical soft diet. If taking large bites remind to slow down and take small bites
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NA DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: NA Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly independent. Provide verbal prompts if won't leave bathroom
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Point out obstacles, steps, and curbs. Make sure shoes are not untied
Community Support: ☐ No ☐ Yes	Describe Supports: ~~if he wanders follow or ask~~ to "Stay With us" ☒ 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: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: routines, patience, being prepared for transitions, reinforcers ipad, singing songs/game show songs, making choices	
Important for: letting him complete his routines, patient staff, prepared for transisiding reinforcers, choices, first/then, time to process	
Likes: music, game shows/songs, clapping, ipad, lunch from home, buttons, videos, shopping with Dad, pushing cart	
Dislikes: Being rushed, food that is not sent from home, pickles, crunchy fruits and vegetables, being told "No" and the Doctor	
Communication Style: Nonverbal, body language, hand gestures	
Learning Style: Verbal instructions/observations	

Lead Review Completed:

Staff: Cindy B

Date: 2.17.23

PAI

Service Recipient: Matt F

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, Penicillin, sulfa, septra, Augmentin 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: Soft diet, Verbal reminders to slow down and take small bites
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: N/A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independent, Verbal prompts to leave bathroom if in the bay.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff support. Point to objects, steps, stairs, curbs. Verbal cues
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal prompts to stay w/group. ☒ 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: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Routine, patience, (transitions) reinforcement, I-Pad, Singing/songs, game shows, making choices

Important for: Complete routine, patient staff, prepare for transitions, using first/then, processing, upbeat staff tones.

Likes: music, game shows, I-pad, clapping, lunch from home, Pushing buttons, Videos, time w/dad & grandmother

Dislikes: Being rushed/not being prepared for transition, people in his space, "no"

Communication Style: Non Verbal, body language, hand gestures

Learning Style: Verbal instruction/observation

Lead Review Completed:

Competency Tracking Form

Participant: Dee Dee Sherritt

Annual Service Span: _____

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

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name
	SG	Susan Gaines
	JG	John Gebhardt
	N/A	Andrea Green
		Jess Gunderson
	MH	Monserrat Hernandez
	NK	Nikki Kereluk
		~~Dennis Moda~~
		Kennedy Norwick
	DP	Dan Popp
3/29/23	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

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

Date Uploaded to LMS: _____

10

Staff: Renee Schmidt
Date: 3/29/23

PAI

Service Recipient: DeeDee Sherritt
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: Keflex, Seroquel and contrast Dye Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Zone out Right hand may jerk ~~N/A~~ History of Seizures
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: diabetes/ food prepared at home Bite size eat independently low carb gluten free
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: insulin lorazepam Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: full assistance (seizures)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Balance, Obstacles
Community Support: ☐ No ☒ Yes	Describe Supports: Staff with at all times ☒ 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: maybe come overstimulated
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may pick at fingertoes scabs throw self on floor hit head on floor/wall
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised times
Important to: involve family friends	
Important for: Blood sugar, exercise staff need to know about diabetes -	
Likes: videos friend visiting outing playing games	
Dislikes: told No, Peer's touching her belonging paper can be triggering	
Communication Style: Choice board	
Learning Style: repitition hand over hand	

Lead Review Completed: _____

Staff: Kathryn Stem

Date: 10/18/22

PAI

Service Recipient: Dee Dee Sherritt

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Write a note asking a friend to have lunch, deliver it to them.
Summarize Steps:

Outcome #2: go on shopping outings.
Summarize Steps:

Communication Style:
Vocalizations, letter visual, adaptive signs

Learning Style:
observation, verbal instruction, repitition, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, Seroquel, Contrast dye, avoid shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: Complex partial seizure, Myoclonic seizures = Right hand twitches
Choking: ☒ No ☐ Yes	Describe Supports: nickel sized pieces, small bites with drink between bites
Specialized Diet: ☒ No ☐ Yes	Describe Supports: food from home because diabetes
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Diabetes, full staff support — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Daily insulin injections from trained staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs staff assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff walk near her, offer hand, help her with curbs/obstacles
Community Support: ☒ No ☐ Yes	Describe Supports: practice and model pedestrian and traffic safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: likes lotion massages, hair brushed, deep pressure
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Help her communicate, keep her engaged/busy, redirect with tasks, offer choices
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO unsupervised time
Important to: being around peers, friends, telling jokes, family	
Important for: Redirection, helping manage diabetes, encouraging appropriate interactions	
Likes: talking about staff/friends/mom, seeing mom, back rubs, telling funny stories	
Dislikes: when friends are gone, people touching her things, not getting her way	

Lead Review Completed: _____

Staff: Dave Tolve

Date: 10/18/22

Service Recipient: Deedee Sheridan

Service Span: Sept 22 Sept 23

Outcomes:

Outcome #1: Didi will write a note to have lunch with friend + deliver.

Summarize Steps:

Outcome #2: DeeDee will go on shopping outings.

Summarize Steps:

Communication Style:

Vocalizations, Letter Board

Learning Style:

observation, Verbal instruction, repetition, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Allergic to KeFlex, Seroquel, contrast dye, Avoid Shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: She has complex-partial seizures, Myoclonic, Staring, twitching.
Choking: ☒ No ☐ Yes	Describe Supports: Nickel-size pieces, encourage small bites, encourage drinking between bites.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: only food from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Diabetes — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff trained give insulin.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist + supervision in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff will walk with DeeDee if unsteady - up + down curbs.
Community Support: ☒ No ☐ Yes	Describe Supports: Practice + Model pedestrian safety.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Likes lotion massage, deep pressure
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Redirect with tasks, give her choices. Help her find functional ways to communicate, keep her engaged
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	Being around peers, visiting with friends, jokes, family.
Important for:	Redirection, management of diabetes, encourage appropriate interactions.
Likes:	Talking about staff + friends, seeing + talking w/ mom, back rubs, humor
Dislikes:	Friends are gone, people touching her things, not getting her way.

Lead Review Completed: _____

Staff: Nikki Kerekuk
Date: 10/10/22

PAI

Service Recipient: Dee Dee S.
Service Span: 9/22-9/23

Outcomes:

Outcome #1: Write a note to friend about lunch. w/ them
Summarize Steps:

Outcome #2: go on shopping outings.
Summarize Steps:

Communication Style: Vocalications, letter visual, adaptive ASL

Learning Style: observation, verbal inst., repeat, hand/hand

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

Allergies: ■ No ☐ Yes	List & Describe Supports: Keflex, seroquel, contrast dye, avoid shrimp
Seizures: ■ No ☐ Yes	Describe Supports: complex partial, myoclonic.
Choking: ■ No ☐ Yes	Describe Supports: nickle size pieces, small bites, encourage drink
Specialized Diet: ■ No ☐ Yes	Describe Supports: food from home
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: diabetes — DNR/DNI: ■ No ☐ Yes
Medication at PAI: ■ No ☐ Yes	Describe Supports: insulin by trained staff
Personal Cares: ■ No ☐ Yes	Describe Supports: full assistance
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: walk near, offer hand, unsteady gait.
Community Support: ■ No ☐ Yes	Describe Supports: practice/model safety, supervision
Sensory Support: ■ No ☐ Yes	List & Describe Supports: lotion, deep pressure, hair brushed
Behavior Support: ■ No ☐ Yes	List & Describe Supports: help w/ communication, attention, redirect w/ tasks choices,
Unsupervised Time: ■ No ☐ Yes	Describe Supports: NONE
Important to:	Peers, visiting, jokes, family.
Important for:	redirection, diabetes management, encourage appropriate interactions
Likes:	staff/friends, mom, back/head rubs, funny stories.
Dislikes:	friends are gone, people touching her things, not getting her way.

Lead Review Completed: _____

Staff: Anna Wrich
Date: 10/18/2022

Service Recipient: Dee Dee Sherritt
Service Span: 9/22 – 9/23

Outcomes:

Outcome #1: _____
Summarize Steps: write note asking peer to lunch, deliver it

Outcome #2: _____
Summarize Steps: go on shopping outings.

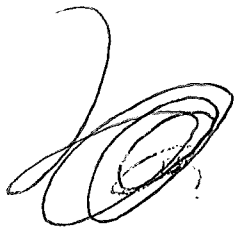
Communication Style:
Vocalizations, Letter choice board. Adapted Signs.

Learning Style:
observation, Verbal instruction, repitition. hand hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, Seroquel, Contrast Dye. Avoid Shrimp.
Seizures: ☒ No ☐ Yes	Describe Supports: Complex Partial, Myoclonic.
Choking: ☒ No ☐ Yes	Describe Supports: Nickle size, Small bites. take drinks between.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: only food from home! Diabetic!
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Diabetic, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: trained staff pass meds/ insulin
Personal Cares: ☒ No ☐ Yes	Describe Supports: full supports in restroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uneven gait. walk w/her. offer hand/arm
Community Support: ☒ No ☐ Yes	Describe Supports: Practice/model traffic/ped safety.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: lotion massage, deep pressure. hair brushed.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer choices. help her comm. keep engaged. redirect w/tasks.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none.
Important to: peers, visiting, jokes, family,	
Important for: redirection, manage diabetes. encouraging app. interactions	
Likes: staff/friends, mom, backrubs, funny stories	
Dislikes: Absent Peers, PPI touching her stuff. not getting Way.	

Lead Review Completed: _____



Staff: Morse H.
Date: 10-18-22

PAI

Service Recipient: DeeDee S.
Service Span: Sep 22 - Sep 23

Outcomes:

Outcome #1: _____
Summarize Steps: write a note - ASK friend to lunch

Outcome #2: _____
Summarize Steps: Shopping outings

Communication Style: vocalizations. Letter visual, Signs

Learning Style: Observation. Verbal instruction, Repitition, Hand-over-Hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reflex, Seroquel, contrast dye, avoid shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: Complex Partial, myochronic
Choking: ☒ No ☐ Yes	Describe Supports: "Slow down" - nickle sized
Specialized Diet: ☐ No ☒ Yes	Describe Supports: Food from home - Diabetic
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Diabetic - full staff support DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Insulin - Trained Staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Walk wear - offer hand if unsteady
Community Support: ☒ No ☐ Yes	Describe Supports: Practice/model Pedestrian Safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Hair brush, lotion
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: functional ways to communicate - engaged - Redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Peers, friends, telling jokes, family

Important for: Redirection, manage diabetes, appropriate interactions

Likes: Staff, friends, seeing mom, back rubs, funny stories

Dislikes: Friends gone, not getting her way, people touching her things

Lead Review Completed: _____

Staff: Samantha Thum
Date: 10/18/22

Service Recipient: Dee Dee Sh
Service Span: 9/2022 - 9/2023

Outcomes:

Outcome #1: will write a note Asking Someone to have lunch and deliver it to them
Summarize Steps:

Outcome #2: Dee Dee will go on Shopping Outings.
Summarize Steps:

Communication Style: Vocalization, letter visual, Adaptive Sign.

Learning Style: Observation, Verbal instructions, repetition, Hand over Hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, Seroquel, Contrast Dye, Avoid Shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: Complex Partial Seizures, mild Clonic Seizures
Choking: ☒ No ☐ Yes	Describe Supports: nickle Size Pieces, encourage to take Small bites, Drink between
Specialized Diet: ☐ No ☒ Yes	Describe Supports: Only have food from home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Diabetes, Full staff Support.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained will Provided her insulin
Personal Cares: ☒ No ☐ Yes	Describe Supports: Requires Staff assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will walk near, Offer hand or Arm if unsteady, help on rough terrain
Community Support: ☒ No ☐ Yes	Describe Supports: Practice and model traffic and Pedesterian Safety
Sensory Support: ☐ No ☒ Yes	List & Describe Supports: Likes lotion massages, Deep Pressure, Hair messages
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Help find ways to Communicate, keep engaged, redirect with tasks, give choices,
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Being around Peers, Visiting with friends, telling Jokes, family,

Important for: Redirection, manage Diabetes, encouraging appropriate interactions

Likes: talking about Staff and friends, seeing mom, Back & head rubs, telling funny stories

Dislikes: friends are gone, People touching her things, not getting her way

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 10-18-22

PAI

Service Recipient: Dee Dee Sherritt
Service Span: 9-22 - 9-23

Outcomes:

Outcome #1: write a note asking a friend to join her for lunch and deliver it to them
Summarize Steps:

Outcome #2: will go on shopping outings
Summarize Steps:

Communication Style: vocalizations, letter visual, adaptive signs

Learning Style: observation, verbal instruction, repetition - hand over hand

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Keflex, seroquel, Constrast Dye, avoid shrimp
Seizures: ☑ No ☐ Yes	Describe Supports: Complex partial seizures, Mayo clonic
Choking: ☑ No ☐ Yes	Describe Supports: Nickel size pcs, small bites, take Drinks
Specialized Diet: ☑ No ☐ Yes	Describe Supports: only food from home / Diabetic
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Diabetes, full staff support — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff trained on insuline
Personal Cares: ☑ No ☐ Yes	Describe Supports: staff assistance in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: will walk w/ DeeDee, offer hand or arm
Community Support: ☑ No ☐ Yes	Describe Supports: Model predestrian safety
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: lotion Massages, hair brushed, deep pressure
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: find ways to communicate choices, keep her engaged, redirect w/ tasks
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to: peers, visiting, jokes, family,

Important for: redirection, Manage diabetes, appropriate interactions

Likes: Staff & friends, Mom, backrubs, head rubs, funny stories

Dislikes: friends are gone, touching her things, not getting her way

Lead Review Completed: _____

Staff: Lena Stucky
Date: 10/18/22

PAI

Service Recipient: DeDe Sherrit
Service Span: Sept 22-23

Outcomes:

Outcome #1: Write a note asking to have lunch & deliver it to them.
Summarize Steps:

Outcome #2: Go on Shopping outing.
Summarize Steps:

Communication Style: vocal - verbal, visual, adaptive signs

Learning Style: observation, verbal instruction, repetition, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: allergic to Haldol - Seroquel - Contrast dye - avoid shrimp
Seizures: ☐ No ☐ Yes	Describe Supports: complex partial seizure - mild clonick
Choking: ☒ No ☐ Yes	Describe Supports: Bite size pieces - small bites - take drink
Specialized Diet: ☐ No ☐ Yes	Describe Supports: only food from home - diabetic
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: diabetes - DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff are trained on her insulin
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff assistance in bathrm
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff will walk near her + off their arm
Community Support: ☒ No ☐ Yes	Describe Supports: practice + model pedestrian safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: lotion, deep pressure, hair brushed
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: help find ways to communicate, Choices, Keep her engaged, redirect her w/ tasks
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to: peers, visiting friends, jokes, family	
Important for: Redirection, manage diabetes, appropriate interactions	
Likes: staff + friends, seeing mom & talken about her. twin, funny stories	
Dislikes: friends gone, ppl touching her things, not getten her way	

Lead Review Completed: _____

Staff: Donna Storm
Date: 11-18-22

PAI

Service Recipient: Dee dee
Service Span: _____

Outcomes:

Outcome #1: _____
Summarize Steps: Write a note asking a friend to have lunch

Outcome #2: _____
Summarize Steps: Shopping outings

Communication Style: Vocalization Letter visual adaptive sings

Learning Style: verbal instruction Repetition hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex seroquel contrast die "shrip" avoide for posible
Seizures: ☒ No ☐ Yes	Describe Supports: complex parsial -
Choking: ☒ No ☐ Yes	Describe Supports: nickle size peices - small bites - drink between bits
Specialized Diet: ☒ No ☐ Yes	Describe Supports: food from home diebedic
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: diabetys prodical DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained give her meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff assitence in Bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: walk w/ give your hand to her. assit on steps
Community Support: ☒ No ☐ Yes	Describe Supports: Practice and modle ped safty
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: motion deep presser matasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: help her find functional ways to communicate keep her busy redirect w/ tasks - choices -
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Ø

Important to: Being around peers visiting friends telling jokes family

Important for: redirection helping her manage diabetys apopecat inan actions

Likes: talking about cond with friends mom and seeing mom. Back Rubs hugs.

Dislikes: people touching her things not getting her way.

Lead Review Completed: _____

Staff: John Gebhardt
Date: 10-18-22

PAI

Service Recipient: DeeDee S.
Service Span: 2022-2023

Outcomes:

Outcome #1: DeeDee will write a note and will get a friend to deliver it,
Summarize Steps:

Outcome #2: Go on shopping outings.
Summarize Steps:

Communication Style: signs, Vocalizations, her letter visual

Learning Style: observation, verbals, repitions

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

Allergies: Shrimp ☒ No ☐ Yes	List & Describe Supports: Keflex Medication, seroquil. contrast Dye,
Seizures: ☒ No ☐ Yes	Describe Supports: Complex Partial. Myoclonic Type.
Choking: ☒ No ☐ Yes	Describe Supports: Nickel size Pieces, small bites, Slowly, Drink
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Diabetic, Only Food from home,
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Has Diabetes, Full staff to support, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff trained to give insulin to her
Personal Cares: ☒ No ☐ Yes	Describe Supports: Requires staff help in bathrooms
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff to walk near her, help her,
Community Support: ☒ No ☐ Yes	Describe Supports: Practice + Model community Safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Likes lotion Massages, deep pressure
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Help her find functional ways to communicate
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None, Give choices, Tasks,
Important to: her peers, visit friends, Family, Friends,	
Important for: Redirection, Managing Diabetes,	
Likes: Talking about staff + Mom a Friends. Funny Stories	
Dislikes: When friends are gone, people touching her stuff Not getting her way.	

Lead Review Completed: _____

Staff: Daniel P

Date: 10/18/22

Service Recipient: Dee Dee S.

Service Span: ~~7/22~~ - 9/22 - 9/23

Outcomes:

Outcome #1: _____

Summarize Steps: will write note to have lunch with

Outcome #2: _____

Summarize Steps: Go on shopping outings

Communication Style: Vocalizations, Letter Visual, Adaptive Signs

Learning Style: Observation, Verbal instruction, repetition, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, seroquel, and contrast dye, avoid shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: has complex partial seizures and mild clonic seizures
Choking: ☒ No ☐ Yes	Describe Supports: Nickel size pieces, encourage to take small bites and drink between bites
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Only food from home. Has diabitis
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes has diabitis requires full assistance
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff trained on her diabitis give her meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: requires staff assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will walk near Dee Dee and offer assistance when needed
Community Support: ☒ No ☐ Yes	Describe Supports: Practice and model safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Likes lotion, massages, and deep pressure
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Keep her engaged. Give choices help find functional ways to communicate. Redirect with tasks
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Being around peers, telling jokes, family.	
Important for: redirection, help managing diabitis, encouraged appropriate interactions	
Likes: talking about staff and friends, seeing and talking about MOM, back and head rubs	
Dislikes: when friends are gone, People touching her things, not getting her way	

Lead Review Completed: _____

Staff: Gaines, Suzie
Date: 10/17/22

PAI

Service Recipient: DeDe S
Service Span: Sep. '22-23

Outcomes:

Outcome #1:	Write a note to have which, a Piring to them.
Outcome #2:	go on Shopping outings.
Communication Style:	Vocations, letter, Signs
Learning Style:	Watching others, verbal instruction, repetition, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Kelfex, Seroquel, Constrat dye. Shrimp.
Seizures: ☒ No ☐ Yes	Describe Supports: Conflict party,
Choking: ☒ No ☐ Yes	Describe Supports: nickle size pieces, encourage small bites. drink between bites
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Only food from home.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: diebears full staff DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: full staff ass.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Walk near, help down steps, Cribs,
Community Support: ☒ No ☐ Yes	Describe Supports: patrice mode
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: lotaion deep pressure.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: find functions ways to com. eng. (keep busy) redirec. w/ tasks. Choices.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsup.

Important to: peers, visting w/ friends, telling jokes. faming

Important for: redirection, encouragement,

Likes: staff, & friends, seeing & talking about mom, back, wead rubs. funny story's

Dislikes: friends are gone, people touching her things, not getting her way

Lead Review Completed: _____

Staff: Kathy Penny
Date: 10-19-22

Service Recipient: DeeDee Sherritt
Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: Will write a note asking a friend to have lunch once a week. Deliver to them
Outcome #2: Go on shopping outings
Communication Style: Vocalizations, letter board, adaptive signs
Learning Style: observation, verbal repitition, HOH

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: keflex, seroquel, contrast die avoid shrimp
Seizures: ☒ No ☐ Yes	Describe Supports: Complex partial myoclonic - R hand twitches
Choking: ☒ No ☐ Yes	Describe Supports: pickle sized, small bites - drink between bites
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Eat food from home - diabetes
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Diabetes - full support DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Daily insulin injections by trained staff
Personal Cares: ☒ No ☐ Yes	Describe Supports: assist in BR
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Walk near her, upper hand, help c curbes/obstacles
Community Support: ☒ No ☐ Yes	Describe Supports: Staff assist all times
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: likes lotion massages, hair brushed, deep pressure
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: keep engaged/busy, redirect, choices help her comm. needs
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NO
Important to: peers, friends, telling jokes, family	
Important for: redirection, manage diabetes, encourage appropriate interactions	
Likes: talking about staff, friends, mom seeing Mom, back rubs, telling funny stories	
Dislikes: when friends are gone, people touching her things not getting her way	

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 9/12/22

Service Recipient: DEIDRE (DEE DEE) SHERERITT

Service Span: SEPT. '22 - '23

Outcomes:

Outcome #1: DEE DEE WILL WRITE A NOTE ASKING A FRIEND TO HAVE LUNCH & WILL DELIVER IT TO THEM.

Outcome #2:

DEE DEE WILL GO ON SHOPPING OUTINGS.

Communication Style:

VOCALIZATIONS, COMMUNICATION BOARD, ADAPTIVE SIGN

Learning Style:

HAND OVER HAND, REPETITION, VERBAL INSTRUCTION

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: ALLERGIC TO LEFLEX, SEROQUEL, & CONTRAST DYE. POSSIBLE SHRIMP ALLERGY.
Seizures: ☒ No ☐ Yes	Describe Supports: HISTORY OF COMPLEX PARTIAL SEIZURES. STAY WITH & MONITOR DURING & AFTER SEIZURE.
Choking: ☒ No ☐ Yes	Describe Supports: FOOD CUT NICKEL SIZE. ENCOURAGE TO TAKE SMALL BITES & ENCOURAGE TO TAKE A DRINK. MUST EAT FOODS FROM HOME ONLY
Specialized Diet: ☒ No ☐ Yes	Describe Supports: FOOD FROM HOME (DIABETIC DIET) - SPECIFIC CARBS, PROTEINS, SUGARS
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: HISTORY OF SEIZURES. DNR/DNI: ☒ No ☐ Yes DIABETIC.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: TRAINED STAFF ASSIST W/ BLOOD SUGAR & INSULIN
Personal Cares: ☒ No ☐ Yes	Describe Supports: COME WITH TO BATHROOM & PROVIDE PROMPTS (TO WASH HANDS/NOT PICK/ETC)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: OFFER ARM TO STABILIZE, HOLD ARM WHEN STEPPING UP/DOWN CURBS, PROMPT TO AVOID OBSTACLES
Community Support: ☒ No ☐ Yes	Describe Supports: PROVIDE SUPERVISION & PHYSICAL SUPPORT & DEMONSTRATE PEDESTRIAN & COMMUNITY SAFETY SKILLS
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: OFFER SENSORY ACTIVITIES DAILY SUCH AS LOTION MASSAGE, HAIR BRUSHING, DEEP PRESSURE MASSAGE,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: REDIRECT (TO A TASK) WHEN PICKING. IF BLEEDING, CLEAN AREA & APPLY BANDAGE
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME
Important to:	BEING AROUND PEERS, MAKING OWN CHOICES/DECISIONS, PAINTING NAILS, RADIOS, STAYING BUSY/TALKING WITH STAFF
Important for:	ENCOURAGING TO TRY NEW THINGS, EXPLORING COMMUNITY OUTINGS, PROVIDING CONSISTENT ROUTINE (FREEDOM ON OTHER SIDE)
Likes:	SHOPPING, FRIENDS, CARDS,
Dislikes:	FRIENDS GONE, PEOPLE TOUCHING PERSONAL BELONGINGS

Lead Review Completed: _____

IMPORTANT TO - VISITING FRIENDS,
TELLING JOKES, FAMILY,

IMPORTANT FOR: MAKING OWN
CHOICES/DECISIONS, REDIRECTION,
HELP MANAGING DIABETES,
ENCOURAGING INTERACTIONS