



In-service Training Log – Parkway

Date:

3/14/23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Jess Gunderson			Development, Outings, Autism Minute, Gas card
.25	Renee Schmidt			TO competency quiz

Make up Date	Initial	EE ID	Name
3/22	CS		Cindi Stucky
			Pamela Davis
	JG		John Gebhardt
	PD		Pamala Davis
	MH		Monse Hernandez
	DS		Donna Storm
	NK		Nikki Kereluk
	DR		Dainaja Ranson

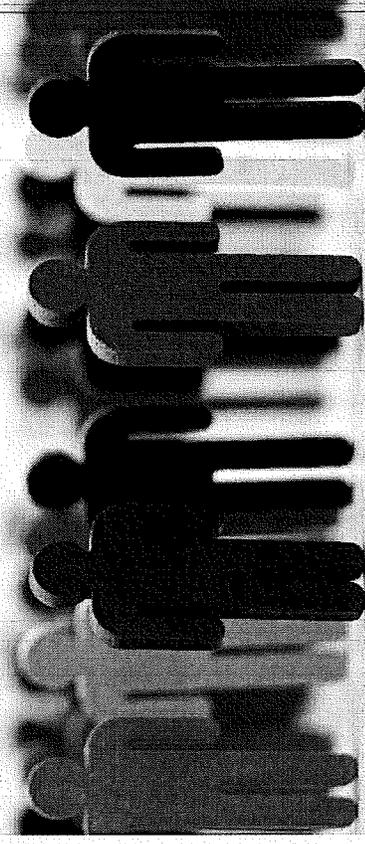
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
3/29/23	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
3-29-23	SG		Sandy Greenly
	DY		Doua Yang
	LC		Lindsay Carlson
	JC		Jessica Carlson

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

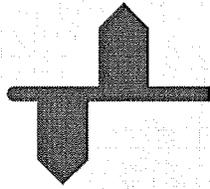
Make up Date	Initial	EE ID	Other Attendees
4/20/23	TR		Tyler Bongard
4/27	KP		Kathy Perry

PAI-Parkway Team Meeting

Date: 3/14/2023



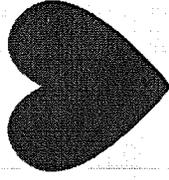
Welcome



Sign In



Introductions

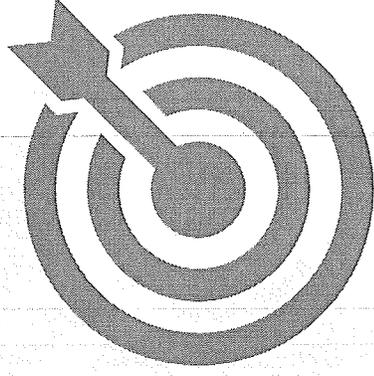


A moment of gratitude

Agenda

Welcome
Site-Specific Updates
Weely Autism Minute
Agency-Wide Updates
Development Updates
Competency Reviews

Wrap Up



Happy Pi day!



Site-Specific Updates

- New gas cards
 - Code
 - Mileage
 - Speedy Rewards
- Outings
 - Expectations
 - Money handling:
 - Collect receipt and correct change
 - No accepting “deals,” using your own money, or sharing participant’s money.
 - Take your time
 - Prompting/independence
 - Purpose
 - Participants first

Weekly Autism Minute

- Behaviors
 - What are they
 - What can they tell us
 - How do we respond

2022 - 2023



Glancing Back & Looking Forward

Recent Achievements & New Aspirations

Glancing Back & Looking Forward

All staff encouraged to page through and share PAI's 2022/2023 annual report:

[Glancing Back and Looking Forward 2023 - Powered by PageTurnPro.com](#)

Competency Reviews



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:

NKA

Medication Allergies? No Yes

Listed on MAR, only administer meds per dr. order

Seizures:

No Yes N/A

Describe Supports:

Lennox- Gestaut Syndrome

Grand Mal Seizures- fall forward and lose consciousness for short time. Common in AM but may occur anytime. Has a VNS- upper left side

Choking/

Specialized Diet:

No Yes

Describe Supports:

Able to eat independently, food cut up into nickel sized pieces. Sometimes refuses to eat her lunch, staff will provide verbal prompts to encourage her to eat and physically assist her as needed. She responds well to peers verbally encouraging her.



Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox- Gestaut Syndrome	DNR/DNIP? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily Med at PAI, PRN, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, ambulatory but uses a walker as a prompt for transitions, staff offer hand when slippery/icy/uneven surfaces, needs one staff in front and one behind her when getting on/off bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness	



Behavior Support:

■ No Yes

List & Describe Supports:

Yelling/hitting/slapping her own head or leg, Grabbing/pulling hair/throwing items/kicking others and screaming loudly, takes others property and refuses to give them back, staff will verbally remind her "that's not yours, please give it back to ___" and provide her with a similar item to replace the one she gives back, staff can also keep tiff engaged with preferred activities such as giving her alternate choices to prevent her from taking items that are not hers. Staff will block her attempts at self-harm and provide verbal cues for her to "stop" staff keep her active/engaged by offering: activities, projects, crafts. It also helps tiffany to switch out staff if she is upset or frustrated.

Unsupervised time while at PAI?

No unsupervised time

■ No Yes



Important to: Walker, friendships, personal space, personal items, time to relax in her favorite spot, positive/supportive staff that know her well
Important for: Being encouraged to be independent, balanced meals, time and support to be social and engaged in activities w/ others
Likes: Thomas the train, sensory activities, holding personal items from home, outings
Dislikes: Waiting, being rushed
Communication Style: Verbal, vocalizations, short phrases, going towards/reaching for things she wants and pushing away items she doesn't want
Learning Style: Verbal /visual prompts, responds well to short verbal requests with physical prompts

Tomorrow: 1:45-2:45

LMS

Wrap Up

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

Any final thoughts?





Competency Tracking Form

Participant: Tiffany Olson

Annual Service Span: February 2023 – February 2024

Annual Meeting Date: 2/27/2023 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
	JG	John Gebhardt
		Andrea Green
		Jess Gunderson
03-29-2023	SG	Sandy Greenly
	MHT	Monserat Hernandez
3/14	NK	Nikki Kereluk
		Kennedy Norwick
3/14	DP	Dan Popp
3/14	RS	Renee Schmidt
3/14	KU	Nancy Snyder
3/14/23	KS	Dolly Stein
3/14	DS	Donna Storm
3/22	CS	Cindi Stucky

Date Completed	Initials	Full Name
3/14	DT	Dave Turner
3/14	AW	Anna Wrich
3/14	DY	Doua Yang
3/14	DR	Dainaja Ranson
3/14	PD	Pamela Davis
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
4/20/23	TB	Tyler Bongard
4/27/23	KP	Kathy Perry
3/14	LC	Lindsay Carlson
3/14	SC	Jessica Carlson

Date Uploaded to LMS: _____

Staff: TYLER BONGARD



Service Recipient: TIFFANY O.

Date: 4/20/23

Service Span: MARCH '23 - MAR. '24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: LENNOX - GESTALT SYNDROME. GRAND MAL SEIZURES - FALL FORWARD & LOSE CONSCIOUSNESS FOR SHORT TIME. COMMON IN AM, MAY HAPPEN ANY TIME. VNS - UPPER LEFT SIDE	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: FOOD CUT UP NICKEL SIZED, EATS INDEPENDENTLY. IF REFUSES TO EAT - VERBAL PROMPTS, ASSISTANCE AS NEEDED. RESPONDS WELL TO PEER ENCOURAGEMENT.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: LENNOX - GESTALT	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DAILY MED @ PAI, PRN, HAS VNS	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: FULL ASSISTANCE IN BATHROOM, WEARS BRIEFS	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: SEIZURE DISORDER, USES WALKER AS PROMPT FOR TRANSITIONS. STAFF GRAB HAND IF SLIPPERY/UNEVEN SURFACE. NEEDS A STAFF IN FRONT & BEHIND TO GET ON/OFF WALKER	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: TACTILE DEFENSIVENESS	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: YELLING/HITTING/SLAPPING own LEG/GRABBIING/PULLING HAIR/DRAWING ITEMS/KICKING OTHERS & SCREAMING LOUDLY. TAKING OTHERS ITEMS - "THAT'S NOT YOURS, PLEASE GIVE IT BACK TO ME"	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME	
Important to: WALKER, FRIENDSHIPS, PERSONAL SPACE, PERSONAL ITEMS, TIME TO RELAX IN FAVORITE SPOT, POSITIVE/SUPPORTIVE STAFF THAT KNOW HER WELL		
Important for: BEING ENCOURAGED TO BE INDEPENDENT BALANCED MEALS, TIME & SUPPORT TO BE SOCIAL & ENGAGED IN ACTIVITIES W/ OTHERS		
Likes: THOMAS THE TRAIN, SENSORY ACTIVITIES, ITEMS FROM HOME, CUTTINGS HOLDING PERSONAL		
Dislikes: WAITING, BEING REVISITED		
Communication Style: VERBAL, VOCALIZATIONS, SHORT PHRASES, GOING TOWARDS/REACHING FOR THINGS SHE WANTS & PUSHING AWAY ITEMS SHE DOESN'T WANT.		
Learning Style: VERBAL/VISUAL PROMPTS, RESPONDS WELL TO SHORT VERBAL REQUESTS W/ PHYSICAL PROMPTS		

Staff: Lindsay Carlson
 Date: 3/14/23



Service Recipient: Tiffany Olson
 Service Span: 2/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lenox - a estate seizure grand mal - falls forward, common in AM, VNS	UPPER L side
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able to eat ind., sometimes refuses, verbal cues, responds well to peers	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: seizures	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: daily med, PRN, VNS	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder, ambulatory but walker to help w/ transitions	1 staff in front, behind for bus
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision to meet needs	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness, push hand away, etc.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling, hitting own leg, screaming loudly, takes others' properties, provide her w/ similar items she gave back	staff block attempts for self harm
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: walker, friends, personal space/items, time to relax, staff that know her well		
Important for: encouraged to be ind., balanced meals, time to be social/engaged w/ others		
Likes: Thomas the Train, sensory activities, personal items, eating		
Dislikes: waiting, being rushed		
Communication Style: verbal, vocalizations, short phrases, reaching for items / pushing away		
Learning Style: verbal + visual prompts, responds well to short verbal requests w/ physical prompts		

Lead Review Completed: _____

Staff: Jessica Carson



Service Recipient: Tiffany Olson

Date: 3/14/23

Service Span: Feb. 2023 - Feb 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lenax - Grand mal seizure Falls forward, common in AM, has a VNS, swipe ^{upper} left side	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food cut up in nickel size pieces, sometimes refuses to eat, responds well to peers helping	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lenax Gestaus	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN & VNS trained staff	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder uses a walker, staff offers hand, one staff in front & behind when getting on bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will have supervision	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness, push hand away	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling, hitting, slapping, will take items from other partners staff will verbally give reminders, give alternate item	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: walken friendships personal space, personal items		
Important for: encouragement to be independent, balanced meals		
Likes: Thomas the train, sensory activities, personal items from home		
Dislikes: waiting, being washed		
Communication Style: verbal, vocalizations, short phrases, going forward reaching for ^{hand}		
Learning Style: verbal visual prompts responds well to short physical prompts		

Staff: Pamela Davis
 Date: 3/14/23



Service Recipient: Tiffany Olson
 Service Span: Feb 23 - Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Gestalt - common in Am, Pm not much brand mall seizures vns by the door	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able to eat indend, cut into small pieces, verbal encouragement	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hexer Gestalt	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN & VNS	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistane, uses brief	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff in front/back when exiting bus seizure disorder; user walker; staff assist	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will model	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness;	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling, hitting, grabbing, hitting others; engaged with activities, projects, verbal reminder of who it belongs to another choice	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: /	
Important to: walker; personal space & items; positive & supportive staff		
Important for: being encourment; time w/ others balanced meals		
Likes: Thomas the train sensory activities outings personal items		
Dislikes: waiting & being rushed		
Communication Style: verbal, vocalizations; short phrases pushes away if doesn't want		
Learning Style: Verbal, physical prompts,		

Staff: Sandy Greenly



Service Recipient: Tiffany

Date: 03-29-2023

Service Span: 03-2023 - 03-2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox-Gestaut Syndrome Grand Mal seizures - common in AM May happen anytime. Has VNS - uppper left side.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eats independantly, cut up food nickel size, - responds verbally - especially when peers encourage her.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox-Gestaut Syndrome	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN, VNS, ^{at PAI}	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: use brief - full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder, is ambulatory but uses walker staff assistance - one staff in front & behind when getting	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>on bus</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling/hitting/slapping her head or leg, Grabbing, pulling hair, throwing items/kicking others and screaming badly, Takes other property - remind her "That's not yours" keep her active in activities, projects, switch all staff may help	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Walker, friend ships, personal space personal items, time to relax in her favorite spot, positive/supportive staff that know her well.		
Important for: Being encouraged to be independant, balanced meals, time and support to be social and engage in activities with others		
Likes: Thomas the train, sensory activities, holding personal items from home, outings		
Dislikes: Waiting, being rushed.		
Communication Style: Verbal, Vocalizations, short phrases, going towards/reaching for things she wants and pushing away things she doesn't want		
Learning Style: Verbal/visual prompts, responds well to short verbal requests with physical prompts		

Staff: Morse H.
 Date: 3-14-23



Service Recipient: TJF
 Service Span: Feb 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox Syndrome: Common in Am. upper left side swipe	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent - bite sized pieces	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox Gausser Syndrome	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance - Brief -	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder - needs help on/off bus.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Yells, hit, kicks, takes belongings, → "not yours, replace item" ← "give back"	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none.	
Important to: walker, personal space, friends		
Important for: Independence, balanced meals, social with others		
Likes: Thomas train, putings, personal items		
Dislikes: Being pushed, waiting		
Communication Style: vocal, verbal, phrases, prompts likes/dislikes		
Learning Style: visual, physical prompts, request		

BBBBBB 000000

Lead Review Completed: _____

Staff: Nikki Kereluk
 Date: 3/14/23



Service Recipient: Tiffany Olson
 Service Span: 2/23-2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox-Gestaut syndrome grand mal → VNS (upper left side)	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independent - nuckle size (sometimes refuses)	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox-Gestaut*	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily, PRN, VNS	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walker for prompt transitions + staff front/behind on bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - yell, hit, slap. takes other property "not yours. give it back." grab, pull, kick others	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE	
Important to: walker, friendship, space, items, favorite spot posi. Staff mat know her		
Important for: independence, balanced meals, engagement		
Likes: thomas train, sensory, her items, outings		
Dislikes: waiting, being rushed		
Communication Style: verbal, vocals, short phrases, reaching/pushing		
Learning Style: verbal/visual prompts. short requests		

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Staff: Kathy Demf



Service Recipient: Tiffany Olson

Date: 4-27-23

Service Span:

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Lennox-Gestaut Syndrome. Grandmal - fall forward + lose consciousness per short time. Common in AM but may occur any time. VNS, PRN protocol +</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats, except: initial sized pieces. Sometimes req to eat, verbal prompts to encourage to eat + assist as needed. Responds well to peers encouragement</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lennox-Gestaut Syndrome</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds PAI, PRN, VNS</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assist, briefs</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulatory - uses walker as prompt for transitions. Open hands when slippery / icy / uneven surfaces. Steps in front / behind when getting on / off bus</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactile defensive</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Yelling / hitting / slapping own head / leg grabbing / pulling hair / throwing items / kicking others / screaming loudly - takes others properly req to give back. Blat attempts & self harm - verbal cues to stop. Switch out staff</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>walker, friendships, personal space, personal items, time to relax in her favorite spot. Positive / supportive staff that know her well</u>		
Important for: <u>Encouragement to be indep, balanced meals, time + support to be social + engaged with others</u>		
Likes: <u>Thomas the Train, sensory act, holding personal items from home outings</u>		
Dislikes: <u>waiting / Being rushed</u>		
Communication Style: <u>verbal, vocalizations, short phrases, going toward / moving away,</u>		
Learning Style: <u>verbal / visual prompts Responds to short verbal request with physical prompts</u>		

Staff: Daniel P.
 Date: 3/14/23



Service Recipient: Tiffany O.
 Service Span: 2/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Uses VNS</u> <u>Lennox Gustat Syndrome, Falls forward loses concience</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats independantly. Cut into bit size pieces. refuses something</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lennox Gustat syndrome</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes daily meds</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance in bathroom. Uses briefs</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has seizure disorder. Uses walker. 1 staff in front and behind</u>	Fall bus
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactile defensiveness.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal cues to 'stop' Keep engaged with activity</u> <u>Yelling, hitting, slapping own leg. Can hit others or take others</u>	things
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Walker, friendships, personal space and items, Staff that know her.</u>		
Important for: <u>encouraged independence, well balanced meals, time with others</u>		
Likes: <u>Thomas the train, sensory activities, outings</u>		
Dislikes: <u>Waiting or being rushed.</u>		
Communication Style: <u>Verbal, vocalizations, short phrases, pushing away</u>		
Learning Style: <u>Verbal and visual prompts. Short verbal prompts with physical prompts</u>		

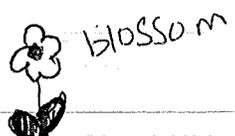
Staff: DAIVATA RANSON
 Date: 3/14/2023



Service Recipient: Tiffany
 Service Span: Feb 23 Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Lennox, Grand mal seizures, VNS up by doctor.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to eat independently, nicker size bites, eats well & when staff props</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lennox gestalt syndrome</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom <u>takes daily @ PAI, PRN, VNS</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has walker,</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tactile defensiveness</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>yelling hitting, slapping, hitting self verbal prompts</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to: <u>walker, friendships, personal items, staff that know her well</u>		
Important for: <u>encourage to be independent, time to socialize with others</u>		
Likes: <u>thomas the trains, personal items, outings</u>		
Dislikes: <u>waiting, being rushed.</u>		
Communication Style: <u>verbal, vocalization, reaching or pushing</u>		
Learning Style: <u>verbal, visual prompts, physical prompts</u>		



Lead Review Completed: _____

Staff: ~~Kathryn Stein~~

Renee Schmidt PAI

Service Recipient: Tiffany Olson

Date: _____

Service Span: Feb 2023-Feb 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox- Gestaut Syndrome Grand Mal Seizures- fall forward and lose consciousness for short time. Common in AM but may occur anytime. Has a VNS- upper left side	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to eat independently, food cut up into nickel sized pieces. Sometimes refuses to eat her lunch, staff will provide verbal prompts to encourage her to eat and physically assist her as needed. She responds well to peers verbally encouraging her.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox- Gestaut Syndrome	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily Med at PAI, PRN, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, ambulatory but uses a walker as a prompt for transitions, staff offer hand when slippery/icy/uneven surfaces, needs one staff in front and one behind her when getting on/off bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Yelling/hitting/slapping her own head or leg, Grabbing/pulling hair/throwing items/kicking others and screaming loudly, takes others property and refuses to give them back, staff will verbally remind her "that's not yours, please give it back to ___" and provide her with a similar item to replace the one she gives back, staff can also keep tiff engaged with preferred activities such as giving her alternate choices to prevent her from taking items that are not hers. Staff will block her attempts at self-harm and provide verbal cues for her to "stop" staff keep her active/engaged by offering: activities, projects, crafts. It also helps tiffany to switch out staff if she is upset or frustrated.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes No unsupervised time		
Important to: Walker, friendships, personal space, personal items, time to relax in her favorite spot, positive/supportive staff that know her well		
Important for: Being encouraged to be independent, balanced meals, time and support to be social and engaged in activities w/ others		
Likes: Thomas the train, sensory activities, holding personal items from home, outings		
Dislikes: Waiting, being rushed		
Communication Style: Verbal, vocalizations, short phrases, going towards/reaching for things she wants and pushing away items she doesn't want		
Learning Style: Verbal /visual prompts, responds well to short verbal requests with physical prompts		

Lead Review Completed: _____

Staff: Kathryn Stein



Service Recipient: Tiffany Olson

Date: _____

Service Span: Feb 2023- Feb 2024

Lead Review Completed: _____

Staff: Nancy Sneyder
 Date: 3-14-23



Service Recipient: Tiffany Olson
 Service Span: 2-23 / 2-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>lexex gestaut syndrome, VNS Upper left side</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>peers encourage her - responds well</u> <u>eats independent, nickel size pcs, verbal prompts</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>lexex gestaut syndrome</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Daily meds at PAI, staff knows</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance, briefs</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer hand, 1 staff in front - 1 in back</u> <u>Seizure disorder, walker prompts on bar.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: SKM	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tactile defensiveness, push hand away</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>screams, staff reminders, give options</u> <u>yelling, hitting, skipping, kicking others, keep her active</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>walker, friends, space, items, relax, staff that know her well</u>		
Important for: <u>independence, balanced meals, time to engage w/ others</u>		
Likes: <u>Thomas the Train, sensory, personal items, art</u>		
Dislikes: <u>waiting & being rushed</u>		
Communication Style: <u>verbal, vocalizations, short phrases</u>		
Learning Style: <u>verbal, visual prompts, physical prompts</u>		

Staff: Kathryn Stein

Date: 3/29/23



Service Recipient: Tiffany Olson

Service Span: Feb 2023- Feb 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox- Gestaut Syndrome Grand Mal Seizures- fall forward and lose consciousness for short time. Common in AM but may occur anytime. Has a VNS- upper left side	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to eat independently, food cut up into nickel sized pieces. Sometimes refuses to eat her lunch, staff will provide verbal prompts to encourage her to eat and physically assist her as needed. She responds well to peers verbally encouraging her.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox- Gestaut Syndrome	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily Med at PAI, PRN, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, ambulatory but uses a walker as a prompt for transitions, staff offer hand when slippery/icy/uneven surfaces, needs one staff in front and one behind her when getting on/off bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Yelling/hitting/slapping her own head or leg, Grabbing/pulling hair/throwing items/kicking others and screaming loudly, takes others property and refuses to give them back, staff will verbally remind her "that's not yours, please give it back to ___" and provide her with a similar item to replace the one she gives back, staff can also keep tiff engaged with preferred activities such as giving her alternate choices to prevent her from taking items that are not hers. Staff will block her attempts at self-harm and provide verbal cues for her to "stop" staff keep her active/engaged by offering: activities, projects, crafts. It also helps tiffany to switch out staff if she is upset or frustrated.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes No unsupervised time		
Important to: Walker, friendships, personal space, personal items, time to relax in her favorite spot, positive/supportive staff that know her well		
Important for: Being encouraged to be independent, balanced meals, time and support to be social and engaged in activities w/ others		
Likes: Thomas the train, sensory activities, holding personal items from home, outings		
Dislikes: Waiting, being rushed		
Communication Style: Verbal, vocalizations, short phrases, going towards/reaching for things she wants and pushing away items she doesn't want		
Learning Style: Verbal /visual prompts, responds well to short verbal requests with physical prompts		

Lead Review Completed: _____

Staff: Donna Storm
 Date: 3-14-23



Service Recipient: Tiffany Olson
 Service Span: Feb 23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lenex Gestalt am common upper left side swipe	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Refuses to eat sits up peers encouraging her	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Daily meds @ PAI	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full care Briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sees disorder one staff in front/behind her on/off Bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile push hand away	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling - hitting - pulling hair - ect takes things that don't belong to her Block her from harming self or others "Give time"	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ø	
Important to: walking - friendships - positive		
Important for: Independent - Balanced meals -		
Likes: Thomas the Train Outings		
Dislikes: waiting being rushed		
Communication Style: verbal vocal short phrases push away		
Learning Style: verbal - visual - physical prompts		

Staff: Candi Stucky
 Date: 3.22.23



Service Recipient: Tiffany
 Service Span: _____

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox - Gestalt Syndrome Grand mal seizures - fall forward + lose consciousness for short time. Common in Am but may occur anytime. Has VNS - upper left side	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to eat independently, food cut up into Nuckle size pieces Sometimes refuses to eat her lunch. She responds well to peers verbally encouraging her.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox - Gestalt Syndrome	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily med @ PAI, prn, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling hitting Slapping her own head or leg grabbing, pulling hair throwing items kicking others + screaming loudly, takes others property + refuses to give back	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	
Important to: <u>walker, friends, space, her items, time to relax + fav spot, positive/supportive staff that know her well.</u>		
Important for: <u>independence, balanced meals, time + support to be social + engage in activities w/ others.</u>		
Likes: <u>Thomas the train, sensory activity, holding personal items from home, outings</u>		
Dislikes: <u>waiting, being rushed</u>		
Communication Style:		
Learning Style: <u>verbal/visual prompts, responds well to short verbal requests w/ physical prompts</u>		

Staff: Dave Turner



Service Recipient: Tiffany Olson

Date: 3/14/23

Service Span: Feb 23 - Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Lennox-Gestaut Syndrome - grand mal seizure will fall forward, uses UNS upper left side.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eats independently - nickel size pieces, verbal prompts to encourage eating.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lennox-Gestaut Syndrome</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes daily meds at PAI</u> <u>Trained staff will administer</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance, uses bricks</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer assistance</u> <u>Seizure disorder, one staff in front one in back for bus.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactile defensiveness, might push away</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Whining, slapping, kicking, screaming, takes others' properties. Staff will provide proper direction. Engage her in activities</u> <u>Staff will block if she attempts SIB. Offer prompts, cues.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>walked, friendship, personal space, items, having her spot, consistent staff.</u>		
Important for: <u>encourage independence, balanced meals, opportunities to engage with others.</u>		
Likes: <u>Thomas the train, sensory activities, outings,</u>		
Dislikes: <u>waiting + being rushed</u>		
Communication Style: <u>Verbal, vocalizations, short phrases, going forward + reaches or pushes away when requests with physical</u>		
Learning Style: <u>Verbal/visual prompts, short requests, verbal prompts!</u>		

Staff: Anna Wrich
Date: 3/14/2023



Service Recipient: Tiffany Olson
Service Span: 2/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Lennox Gauostat - Grand Mall.</u> <u>falls forward. uses VNS (upper @)</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>indep. nickel size. may refuse lunch.</u> <u>Physical assist if needed. Likes peer encourage.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lennox Gauostat</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Daily at PAI.</u> <u>PRN & VNS.</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist / brief change.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses walker. offer hand.</u> <u>1 staff in front and back on/off bus.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tactile defensive.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>yelling, hitting, grabbing, screaming.</u> <u>take others things. "give it back to." block SIB.</u> <u>keep engaged.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None.</u>	
Important to: <u>walker. friends. items. relaxation. staff that knows her.</u>		
Important for: <u>encouragement. balanced meals. engagement</u>		
Likes: <u>Thomas the train. Personal items. outings</u>		
Dislikes: <u>waiting. Rushing</u>		
Communication Style: <u>Verbal. vocalizations. reaching/pushing</u>		
Learning Style: <u>Verbal/visual Prompts. short Phrases.</u>		

Staff: Doua Yang



Service Recipient: Tiffany Olsen

Date: 3/14/23

Service Span: 2/23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox Gastrot syndrome -common in autism -has VNS (upper LS)	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to eat indep. wicket size pieces. may refuse - encourage her to eat	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox Gastrot syndrome	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily p PAI PRN, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance / uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walker for ambulatory, 1 staff in front & behind	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness, push your hand, beha	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: yelling hitting slapping her own head. takes others things (won't give back) verbally assist her. Replace w/ different item. Block attempts p self harm. Switch staff if frustrated / upset.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: walker, friendship, personal spec/ item, positive staff who knows her well.		
Important for: being encouraged to be independent, be social, engage in activities w/ others.		
Likes: Thomas train, sensory, personal items, outings.		
Dislikes: waiting, being rushed		
Communication Style: verbal, vocalizations, short phrases, going forward/ reaching → she wants; pushes away → don't want		
Learning Style: verbal, visual prompts, respond well w/ short prompts & physical prompts.		

Staff: _____



Service Recipient: Tiffany Olson

Date: 3-14-23

Service Span: Feb 23 - Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox Gastaut Syndrome - Seizures. Uses a VNS magnet.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eats in dependently, staff to cut up food and verbally assist here.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medication administered by staff at PAI	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom/uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, uses a walker needs staff help	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff to give pedestrian safety	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile Defensiveness, "No" (example)	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff will verbally tell her when she yells or takes items that are not hers	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time. Engage her in activities.	
Important to: Her timer, her favorite staff, things		
Important for: Balanced meals, time with others, activities		
Likes: Thomas Trains, sensory activity, outings,		
Dislikes: Being rushed, changes in routine, waiting		
Communication Style: Visual, Verbal, Reaching for what she wants.		
Learning Style: verbal and visual with physical prompts		

Staff: Kathryn Stein



Service Recipient: Tiffany Olson

Date: _____

Service Span: Feb 2023- Feb 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox- Gestaut Syndrome Grand Mal Seizures- fall forward and lose consciousness for short time. Common in AM but may occur anytime. Has a VNS- upper left side	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to eat independently, food cut up into nickel sized pieces. Sometimes refuses to eat her lunch, staff will provide verbal prompts to encourage her to eat and physically assist her as needed. She responds well to peers verbally encouraging her.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Lennox- Gestaut Syndrome	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes daily Med at PAI, PRN, VNS	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom, uses briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, ambulatory but uses a walker as a prompt for transitions, staff offer hand when slippery/icy/uneven surfaces, needs one staff in front and one behind her when getting on/off bus	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensiveness	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Yelling/hitting/slapping her own head or leg, Grabbing/pulling hair/throwing items/kicking others and screaming loudly, takes others property and refuses to give them back, staff will verbally remind her "that's not yours, please give it back to ___" and provide her with a similar item to replace the one she gives back, staff can also keep tiff engaged with preferred activities such as giving her alternate choices to prevent her from taking items that are not hers. Staff will block her attempts at self-harm and provide verbal cues for her to "stop" staff keep her active/engaged by offering: activities, projects, crafts. It also helps tiffany to switch out staff if she is upset or frustrated.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes No unsupervised time		
Important to: Walker, friendships, personal space, personal items, time to relax in her favorite spot, positive/supportive staff that know her well		
Important for: Being encouraged to be independent, balanced meals, time and support to be social and engaged in activities w/ others		
Likes: Thomas the train, sensory activities, holding personal items from home, outings		
Dislikes: Waiting, being rushed		
Communication Style: Verbal, vocalizations, short phrases, going towards/reaching for things she wants and pushing away items she doesn't want		
Learning Style: Verbal /visual prompts, responds well to short verbal requests with physical prompts		

Lead Review Completed: _____

Staff: Kathryn Stein



Service Recipient: Tiffany Olson

Date: _____

Service Span: Feb 2023- Feb 2024

Lead Review Completed: _____