In-service Training Log – Parkway

Date: 2/14/2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

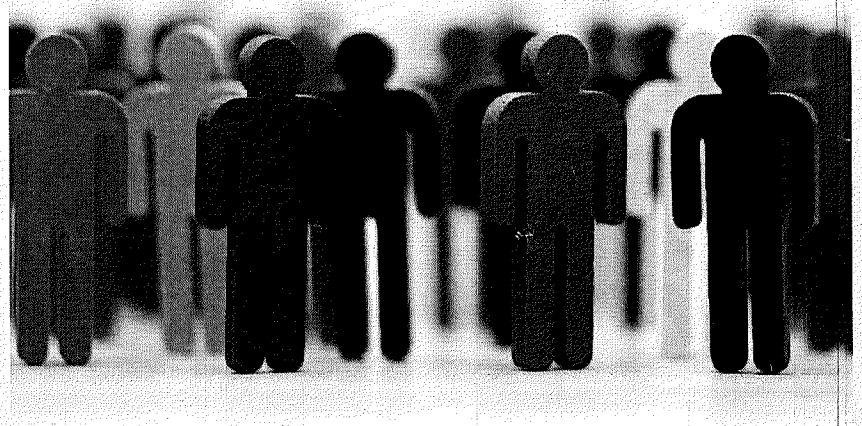
Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Jess Gunderson and Kennedy Norwick			Site Specific Update, Autism Minute, Remote Services
.25	Kennedy Norwick			Remote Services Participant Comp Quizes: MD, CB, CT

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
		N/A	Susan Gaines
	JG		John Gebhardt
	AG		Andrea Green
	MH		Monse Hernandez
	DS		Donna Storm
5/1/23	NK		Nikki Kereluk
	DR		Dainaja Ranson
	PD		Pamala Davis
Make Up Date	**Initial**		**Manager/Admin**
			Kmetz, Kevin
			Norwick, Kennedy
			Gunderson, Jessica

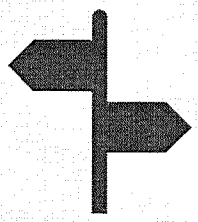
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
4/28/23	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
4/17/23	DT		Dave Turner
	AW		Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
3-6-23	KP		Kathy Perry
3/10/23	TB		[illegible]
Other *Attendees*			

PAI-Parkway Team Meeting

Date: 2/14/2023

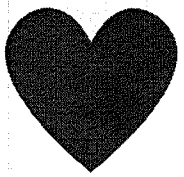


Welcome



Sign In

Introductions

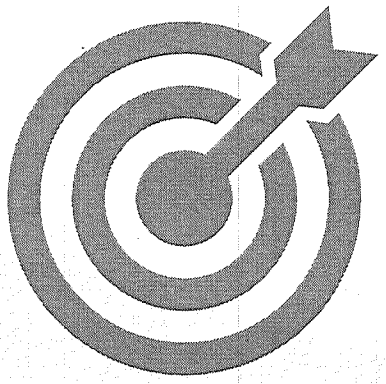


A moment of gratitude

Agenda

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

Wrap Up



Site-Specific Updates

- **<u>Welcome Pam!</u>**
- Parking lot
- 60-day med class on **Thursday:**
  - 8:45-9:45 am @ Parkway
  - Doua, Sandy, Dainaja, Pam

Weekly Autism Minute

- Why are small changes sometimes such a big deal?! (for your Autistic child) - YouTube

Agency-Wide Updates

- **Remote services beginning this week!**
  - What will this look like?
  - Starting at Oakdale first
  - Other sites starting the 21st
  - Leads: make sure you are entering start and end times, documentation, and outcomes on the Z (Cathy and Cassie B. for now)

Development Updates

DEVELOPMENT UPDATE

2.13.23 - 2.21.23

Ways to Give:
Recurring Gifts

Why Give?

PAI relies on charitable contributions to deliver inclusive programming and activities that would not otherwise be available to members of our community. With your recurring gift, we are connecting people to new resources and opportunities to improve the lives of PAI participants and their families, loved ones, and caregivers.

Recurring gifts also assist in fulfilling our broader purpose of promoting greater acceptance and inclusivity of people with physical and developmental disabilities. Consistency and reliability make people feel good. When it comes to charitable giving, consistent and reliable gifts help make an organization strong.

New signups are matched for the first year by the Otto Bremer Trust!

It's Quick & Easy

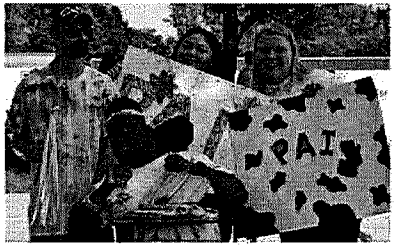
Setting up a recurring gift is easy and takes less than five minutes. Smaller monthly gifts add up to make a big splash, allowing us to continue our work in the community.

Get started today at **paimn.org**.

Set it & Forget it

Focus on other things in life and know that you are remembered and appreciated. Automated payments can be set up monthly or quarterly with a credit card or ACH. Save on postage. It's good for the environment, too.

Ways to Give:
Recurring Gifts



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New signups are matched for the first year by the Otto Bremer Trust!

3700 Hwy 61 N, Suite 200
White Bear Lake, MN 55110
651-407-7174

It's Quick & Easy

Setting up a recurring gift is easy and takes less than five minutes. Smaller monthly gifts add up to make a big splash, allowing us to continue our work in the community.

Get started today at paimn.org.

Set it & Forget it

Focus on other things in life and know that you are remembered and appreciated. Automated payments can be set up monthly or quarterly with a credit card or ACH. Save on postage. It's good for the environment, too.

"I started monthly automated donations to PAI in 2017. It's easy to do and I feel it's the least I can do for this outstanding organization. I know my gifts make a big impact and I wish I had started earlier."

– Liz M.

Questions about giving? Contact
Adam Blevins - Development Coordinator
651-846-9272 | ablevins@paimn.org

Printed flyers like this one will be sent home with participants. Development will email them to program supervisors. Let us know if we need to print them at admin.

Competency Reviews

Mikaela Dixon

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided

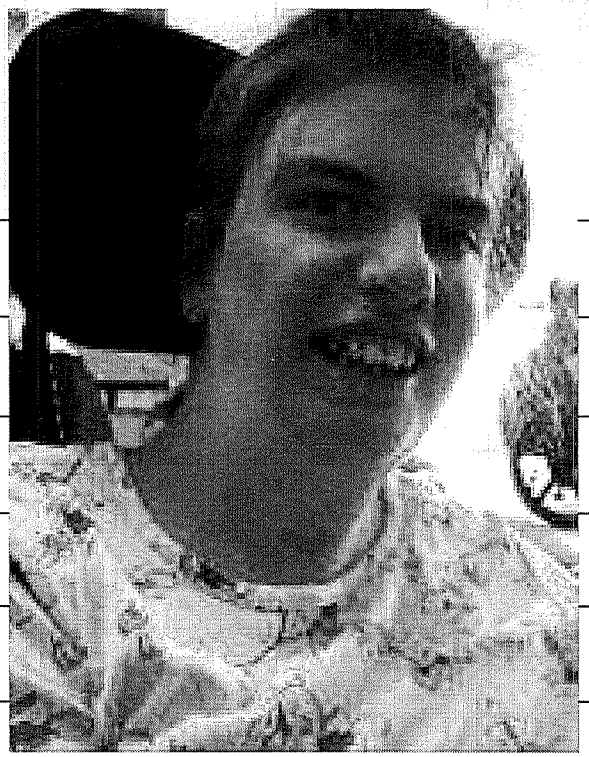
[redacted]

Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage with others and her community. Mikaela will have a guardian (not a PAI staff) attend these outings with her. Mikaela's guardian will provide physical supports and health/medical supports during the outing.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: *No Supports Provided
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	

[redacted]

Important to: Family, having a routine (knowing what her day looks like), her appearance/being cute and girly, making her own choices/decisions.
Important for: It is important for Mikaela to be happy and as independent as possible. It is important for her to keep busy and follow a routine. It is important for Mikaela that she has appropriate boundaries with others. It is important for Mikaela that she has assistance with making decisions.
Likes: Music, being girly, being outdoors, riding my bike, car rides, walks, family, friends, buying dresses, helping mom cook, mall/shopping
Dislikes: When I can have something that I want, changes in my routine

Cassie Behrman



Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided

[redacted]

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

[redacted]

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

Cathy Turbes

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in person services

[redacted]

Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision- adjust items for Cathy to look at/watch and ensure she is able to visually track them, offer verbal descriptions with visual options.
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: relaxing in recliner w/feet up, preferred people, routine, being offered choices, and time to sort poker chips.	
Important for: Staying physically active, using communication skills, engaging in social and community activities.	

[redacted]

Likes: Music, playing games, dancing, arts and crafts, and bowling.

Dislikes: being rushing, being left alone, not being able to change clothes when she wants to, and when staff are not familiar with her cares and routines.

Communication Style: Communicates using vocalizations, pictures, facial expressions, body language, and reaching/pointing.

Learning Style: Role modeling, hand over hand assistance, verbal directions, and routine and repetition.

DSS Remote Outcome and steps:

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

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

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: Mikaela Dixon

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
	N/A	Susan Gaines
	JG	John Gebhardt
	AG	Andrea Green
		Jess Gunderson
2/14	SG	Sandy Greenly
	MH	Monserrat Hernandez
5/1/23	NK	Nikki Kereluk
		Kennedy Norwick
2-14	DP	Dan Popp
4/28/23	RS	Renee Schmidt
2-14	NS	Nancy Snyder
2/14	KS	Dolly Stein
2/14	DS	Donna Storm
2-14	CS	Cindi Stucky

Date Completed	Initials	Full Name
4/17/23	DT	Dave Turner
	AW	Anna Wrich
	DY	Doua Yang
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
3/10/23	TB	Tyler Bongard
		Kathy Perry
	2/14	Bonnie Ranson
2/14	PD	Pamela Davis

Date Uploaded to LMS: _____

Staff: TYLER BONGARD

Date: 3/10/23

Service Recipient: MIKAELA DIXON

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI WILL PROVIDE OPPORTUNITIES TO SOCIALIZE & ENGAGE W/ OTHERS & HER COMMUNITY. WILL HAVE GUARD-IAN (NOT PAI STAFF) ON OUTING, WHO PROVIDES HEALTH/MEDICAL SUPPORTS
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: NO SUPPORTS PROVIDED
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: FAMILY, HAVING A ROUTINE (KNOWING WHAT HER DAY LOOKS LIKE), HER APPEARANCE BEING CUTE/GIRLY, MAKING HER OWN CHOICES & FOLLOW A ROUTINE, APPROPRIATE BOUNDARIES W/ OTHERS, ASSISTANCE MAKING DECISIONS

Important for: TO BE AS HAPPY & INDEPENDENT AS POSSIBLE, TO KEEP BUSY

Likes: MUSIC, BEING GIRLY, BEING OUTDOORS, RIDING MY BIKE, CARE RIBBEES, BUYING DRESSES, HELPING MOM COOK, MALL/SHOPPING

Dislike:
CHANGES IN ROUTINE, NOT HAVING SOMETHING I WANT

Communication Style: DENCE TO DO 2 WORDS @ A TIME

Learning Style:
OBSERVATION

DSS Remote Outcome and steps:

N/A

Lead Review Completed: _____

Staff: Pam Davis

Date: 2/14/23

Service Recipient: Mikaela Dixson

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PDF w/ provide opportunities to support & engage; guardian will attend outing will provide physical supports Health/Medicals
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Family; routine; apperance & Looking cute; making her own choices & decisions

Important for: Happy & Independent; Keeping busy; appropriate Boundaries

Likes: music; Being girly; being outdoors; riding bike buying dresses shopping

Dislike: Cant have something she wants; Changes in routine

Communication Style: non-verbal w/ device to communicate

Learning Style: Observation

DSS Remote Outcome and steps: N/A for 45 days.

Lead Review Completed: _____

Staff: John Gebhardt

Date: 2/14/23

Service Recipient: Mikeala Dixon

Service Span: 2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Provide opportunities to socialize and engage in various activities.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: No sensory supports
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Family, Routine, appearance (looking cute)

Important for: Making her own choices/decisions, Independent

Likes: Keeping busy, being happy, Music, Outdoors, bikes

Dislike: When she can't have something she wants.

Communication Style: Observation

Learning Style: non verbal - uses communication device

DSS Remote Outcome and steps:

Lead Review Completed: _____

Staff: Daniel P

Date: 2/14/23

Service Recipient: Mikeala D.

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Physical Supports, and Health Supports PAI will provide opportunities to socialize and engage with others in community. Guardian will attend as well.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: No supports provided
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: family, routine, appearance, making own choices and decisions	
Important for: to be independant, staying busy, appropriate boundries	
Likes: music, being girly, being outdoors, riding bike, buying dresses, shopping	
Dislike: When she can't have something she wants. Change in routine	
Communication Style: ~~observation~~ non verbal, uses board for 2 words at time	
Learning Style: Observation	
DSS Remote Outcome and steps: NA	

Lead Review Completed: _____

Staff: DANA PARSON

Date: 2/14/2023

Service Recipient: Mikaela Dixon

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: will provide opportunity to enage with others in the communitie. guardian will provide supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: no supports provide
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Family, Routine, apperance looking cute. own choices and decisions.

Important for: be happy and independent. Being busy. Appropriate boundries.

Likes: music, Being girly, Being out Door. Bike riding, shopping

Dislike: when she cant have what she wants changes in her Routine.

Communication Style:

Learning Style: observestion, L

DSS Remote Outcome and steps: N/A

Lead Review Completed: _____

Staff: Sandy Greeny

Date: 2-19-2023

Service Recipient: Mikaela Divens.

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Health/medical supports opportunities to socialize & engage Guardian will attend outings with her, provide physical support
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: No support provided
Behavior Support:	List & Describe Supports: *No Supports Provided No support provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: family, routine, appearance (looking cute), making her own choices and decisions	
Important for: happy, independent, keeping busy, appropriate boundaries	
Likes: shopping, music, being alone, boba, cutters, riding bike, buying dresses	
Dislike: when she can't have something she wants, changes in her routine	
Communication Style: Non verbal. uses device w/ few words at a time	
Learning Style: observation.	
DSS Remote Outcome and steps: NA	

Lead Review Completed: _____

Staff: Nikki Kereluk

Service Recipient: Mikaela Dixon

Date: 5/1/23

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opportunities to socialize and engage. Will have guardian with
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: -
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: family, routine, her appearance, being cute/girly, making choices	
Important for: happy, independence, keeping busy, routine, appropriate boundaries, assistance w/ making choices.	
Likes: music, being girly, being outdoors bike rides, car rides, walks family, friends, dresses, helping mom cook, mall	
Dislike: when she can't have something she wants	
Communication Style:	
Learning Style:	
DSS Remote Outcome and steps:	

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 4/28/23

Service Recipient: Mikaela Dixon
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will Provide opperTunities and engage with others and her community, mikaela will have a guardian not PAI Staff attend outing will ~~support~~ physical support health/med
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: No support Provided
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: family having a routine, her appearance/being cute and girly making choices	
Important for: happy and as independent as possible Keep Busy follow routine appropiate boundries	
Likes: shopping helping mom cook music bling girly being outdoors riding bike carride walks family friend	
Dislike: Changes in my routine when I cant have Something I Want	
Communication Style:	
Learning Style:	
DSS Remote Outcome and steps:	

Lead Review Completed: _____

Staff: [illegible]
Date: 2-7-23

PAI

Service Recipient: Mikaela Dixon
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: - Guardian will attend outings w/ her - Health related supports - Provide opportunities to socialize & engage w/ others in her community.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: - NO supports
Behavior Support:	List & Describe Supports: *No Supports Provided - NO supports
Unsupervised time while at PAI? *No Supports Provided - NO supports	
Important to: family, routine, appearance; "looking cute"; own choices & Decisions	
Important for: happy & independent, keeping busy, appropriate boundaries,	
Likes: music, girly, being outdoors, riding bike, buying dresses, shopping	
Dislike: can't have some things that she wants, Changes in routine	
Communication Style: non-verbal, has device to words @ a time)	
Learning Style: observation	
DSS Remote Outcome and steps: NA	

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 2/14/23

Service Recipient: Mikaela Dixon
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage. Guardian will attend/assist her on outings and health/medical supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Family, routine, appearance, looking cute, making choices/desicions

Important for: To be happy/independent, keeping busy, appropriate boundaries,

Likes: music, being girly, outdoors, biking, buying dresses, shopping

Dislike: Cant have something she wants, changes in her routine

Communication Style: Non-verbal, has communication device

Learning Style: observation

DSS Remote Outcome and steps:

N/A

Lead Review Completed: _____

Staff: Cindi Stacky
Date: Feb 14-23

Service Recipient: Mikaila Dixon
Service Span: 2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will allow opportunities to socialize + engage w/others + in community. Gaurdian will attend w/her.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: no support provided
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Family, routine, appearance, (looking cute) making choices + decisions	
Important for: Happy + Independent, keeping busy, appropriate boundrys,	
Likes: music, being girly - outdoors - riding bike, buying dress's, shopping	
Dislike: when she cant have what she wants Changes in routine.	
Communication Style: non verbal - has device to do 2 words @ a time.	
Learning Style: observation	
DSS Remote Outcome and steps: N/A	

Lead Review Completed: _____

Staff: Donna Storm

Date: 2-14-23

PAI

Service Recipient: McKayla

Service Span: ____________

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided ~~opertunity to engar Garden will attend~~
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: opertunity to engy socailes Garden to attend
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:

Important for: Family Routine aperance looking cute making own choices and dignity Keeping Busy – appropriate boundaries

Likes: music Being girly outdoors riding bike dresses shopping

Dislike: Cant have something she wants Changes in routine

Communication Style:
~~Observation~~ non-verbal device two words @ a time

Learning Style:
observation

DSS Remote Outcome and steps:

N/A

Lead Review Completed: ____________

Staff: Dave Toine

Date: 4/12/23

PAI

Service Recipient: Mikaela Dixon

Service Span: ______________

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize + engage with others in the community. Mikaela will have a guardian attend outings with her. Her guardian will provide physical supports + health/medical supports during the outing.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: No supports provided
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Family, having a routine. (knowing what her day looks like) her appearance/being cute and girly, making her own choices/decisions.

Important for: It is important for Mikaela to be happy + independent as possible. It is important for her to keep busy + follow routine. It is important she has appropriate boundaries with others. ~~It is important for Mikaela to have assistance with decisions~~

Likes: Music, being girly, riding bike, car rides, walks, family, friends, buying dresses, helping mom, cooking, mall/shopping

Dislike: When I can't have something I want. Changes in routine.

Communication Style:

Learning Style:

DSS Remote Outcome and steps:

Lead Review Completed: ______________

Staff: Anna Wrich
Date: 2/14/2023

Service Recipient: Mikaela Dixon
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports:
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: family, routine, being cute and girly, making choices

Important for: being independent. staying busy. boundaries. assistance making decisions

Likes: music, outdoors, being girly, riding bike, car rides, walks, family/friends, dresses, helping cook, the mall

Dislike: changes in routine, can't have something she wants

Communication Style:

Learning Style:

DSS Remote Outcome and steps:

Lead Review Completed: _____

Staff: Dana Yang
Date: 2/14/23

Service Recipient: Mikaela Dixon
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opportunity to ~~analyze~~ socialize & engage w/ others in her community. Guardian attend outings. will provide physical supports. Health / Medical support
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: no supports
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Family, routine, appearance, own choices / decisions	
Important for: happy & independent, keeping busy, appropriate boundaries	
Likes: music, being girly, outdoors, riding her bike, buy dresses, shopping	
Dislike: can't have something she wants, changes in routine	
Communication Style: non-verbal, device w/ 2 words at a time	
Learning Style: observation	
DSS Remote Outcome and steps: N/A	

Lead Review Completed: _____

Competency Tracking Form

Participant: Cassandra Behrman

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
	N/A	Susan Gaines
	JG	John Gebhardt
	AG	Andrea Green
		Jess Gunderson
2/14	SG	Sandy Greenly
	MH	Monserrat Hernandez
5/1/23	NK	Nikki Kereluk
		Kennedy Norwick
2-14	DP	Dan Popp
4/28/23	RS	Renee Schmidt
2-14	NS	Nancy Snyder
2/14	KS	Dolly Stein
2/14	DS	Donna Storm
2-14	CS	Cindi Stucky

Date Completed	Initials	Full Name
4/17/23	DT	Dave Turner
	AW	Anna Wrich
	DY	Doua Yang
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
3/10/23	TB	Tyler Bongard
		Kathy Perry
2/14	DN	Dominga Ransom
2/14	PD	Pamela Davis

Date Uploaded to LMS: _____

Staff: Cindi Stucky
Date: 2-14-23

Service Recipient: Cassie Behrman
Service Span: 2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Provide opportunitys to socialize & engage caregiver will attend all outings & supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: nearsighted- wears glass's, encourage her to wear glass's - explain what your doing. (in case she cant see).
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Good health, meaningful relationships, music therapy doing things for herself.	
Important for:	
Likes: comedy videos, art projects, friends, wii, music therapy.	
Dislike: Not recieving enuf attention, doing an activity for to long, loud noises.	
Communication Style: device, limited verbalizations, gestures, vocalizations, eye gazing.	
Learning Style: Consistant routine, repitition, physical & verbal prompts.	
DSS Remote Outcome and steps: will chose 2 provided options making a choice or preference during 70% opportunitys.	

Lead Review Completed: _____

Staff: Anwen Green
Date: 2/14/2023

PAI

Service Recipient: Cassie B
Service Span: ______________

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opp to socialize & enage caregiver attend outings & provide all supports needed
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: near sighted wears glasses. encourage her to wear them pair visual w/ verbal prompts
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
good health. meaningful relationship. music therapy doing things for self

Important for:

Likes:
comdey Arts. friends wii music theapy

Dislike:
not getting attention doing something to long crowded area loud

Communication Style:
communication device, gestures. vocalazations reaching or pushing

Learning Style:
routine, reptention physical verbal prompts

DSS Remote Outcome and steps:
choose between 2 options making a choice or preferance during 70% of oppurnity

Lead Review Completed: ______________

Staff: John Gebhardt

Date: 2/14/23

Service Recipient: Cassie Berman

Service Span: 2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opportunities to socialize and engage with her.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted- wears glasses Add needed supports.
Behavior Support:	List & Describe Supports: *No Supports Provided explain to her what you're doing
Unsupervised time while at PAI? *No Supports Provided	
Important to: Good health, and relationships, Music Therapy.	
Important for: Doing things for herself.	
Likes: Friends, Comedy, Wii Games, Music	
Dislike: Not getting enough attention, Loud Noises	
Communication Style: Has a communication device. Gestures Verbally	
Learning Style: Visual- eye gazing. Repitition, Prompts	
DSS Remote Outcome and steps: She choose between provided Options to make a preference during 70% of opportunities	

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 2-14-23

Service Recipient: Cassie Behrman
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: -Provide opportunity to socialize & engage -caregiver attends outings & provide supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: -Near sided / wears glasses - encourage her to wear glasses - impair visual content w/ verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: doing things for herself
Good Health, Meaningful relationships, participate in music

Important for:

Likes: comedy Videos, art projects, friends, WIT, music therapy

Dislike: crowded areas & loud noises
Not getting attention, activities that last too long

Communication Style: reaching / pushing
Devise, limited verbalizations, gestures, vocalizations

Learning Style:
consistent routine, repetition, prompts,

DSS Remote Outcome and steps:
will choose between 2 options, Making a choice OR preference during 70% of opportunities

Lead Review Completed: _____

Staff: Pam Davis

Date: 2/14/23

Service Recipient: Cassie Behrman

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opportunities to support & engage; caregive will attend all outings and needed supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: near-sided & wears glasses encourage to wear glasses maintain visual context
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to:	Being in good health; form meaningful relationships; partipate in music therapy; doing thing for self
Important for:	
Likes:	Comedy videos art projects friends playing WII music therapy
Dislike:	not receiving enough attention doing activity too long crowded areas and loud noises
Communication Style:	Has a communication Has limited verbalizations; gestures eye gazing; reaching for thing she wants or pushing away.
Learning Style:	consistance routine; repetition physical/verbal prompts
DSS Remote Outcome and steps:	Cassie will choose between 2 provided option making a choice or preference during 70% of opportunities.

Lead Review Completed: _____

Staff: Sandy Greeny

Date: 2-14-2023

Service Recipient: Cassie Robinson

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided No support provided
Community Support: ■ No ☐ Yes	Describe Supports: opportunities to socialize & engage Caregiver points all outings
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted - wears glasses. encourage to wear glasses, pair visual cues with verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Good health, meaningful relationships, participate in music therapy, Doing things for herself	
Important for:	
Likes: Others and people, friends, playing UNO, music therapy	
Dislike: Not enough attention, Dark, activity for too long, Crowded areas, Loud noises	
Communication Style: Has communication device, limited gestures, vocalizations - eye gazing, reaches for things she wants,	
Learning Style: consistent routine, repetition, physical + verbal prompts	
DSS Remote Outcome and steps: Cassie will choose between 2 provided options, making a choice or indicating a preference during 70% of opportunities	

Lead Review Completed: _____

Staff: Dana Yang

Date: 2/14/23

Service Recipient: Cassie Behrman

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opport. to socialize & engage. caregiver will attend all outings. provide all needed supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: near-sighted & wears glasses. encourage to wear glasses. pair visual content w/ verbal descriptions.
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: good health, form meaningful relationships, participate in music therapy, doing things for herself.	
Important for:	
Likes: comedy videos, art projects, friends, playing w/ music therapy.	
Dislike: not enough attention, crowded areas / loud noises.	
Communication Style: communication device, limited verbalizations, gestures, vocalications, eye gazing, reaching/pushing → wants/doesn't.	
Learning Style: consistent routine, repitition, physical/verbal prompts.	
DSS Remote Outcome and steps: cassie will choose between two provided options, making a choice / indicating a preference during 70% of opportunities.	

Lead Review Completed: _____

Staff: Donna Stum
Date: 2-14-23

Service Recipient: Cassy Fermin
Service Span: _____

For Remote DSS training

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

Allergies: N/A	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: opertunity to socialize and enge Care giver will attend all meetings
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: glasses - her Explain whats going on
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: good health ~~form~~ form meneingfull relationships doing things for herself music

Important for:

Likes: comic art projects Friends play wii music therapy

Dislike: not having enough attention activety to long crouded

Communication Style: Reach / push
Device Limited verbalization gestures eye gazing

Learning Style:
consistent routine Repetitions physical/Verbal prompts

DSS Remote Outcome and steps:
Chose Two provided options
making a choice/preference 70% of opertunitys

Lead Review Completed: _____

Staff: DAINITA RANSON

Service Recipient: CASSIE

Date: _____

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: opportunities to socialize and engage Provide all needed supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sided and wears glasses. Encourage her to wear her glasses verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to:	
Important for: Be in good health. Form meaningful relationships to participate in music therapy. Doing task on her own	
Likes: Comedy ~~video~~ videos, Friends playing the wii, Friends m	
Dislike: not enough attention. Doing activities for too long Loud noises.	
Communication Style: communication Devices. vocalization. eye gazing reaching, pushing away	
Learning Style: consitent Routine. physical an verbal Prompts.	
DSS Remote Outcome and steps: cassie will choose between two ~~opp~~ options, making 70% opportunities.	

Lead Review Completed: _____

Staff: Monse
Date: 2-14-23

Service Recipient: Cassie B
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: -opportunities to socialize and engage - caregiver attend / Provide all supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near-sided / wears glasses, encourage to wear them
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to:	Good health, Relationships, Participate in music
Important for:	
Likes:	Comedy videos, art projects, Friends, wii, music therapy
Dislike:	no attention, crowded areas, loud noises
Communication Style:	Device, limited vocal, gestures, vocal, reaching
Learning Style:	Consistent Routine, Repitition, verbal Prompts
DSS Remote Outcome and steps: * choose 2 options making a choice or Preferance during 70% of times.	

Lead Review Completed: _____

Staff: Daniel P

Date: 2/14/23

Service Recipient: Cassie B.

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Provide opportunities to socialize and engage. Caregiver will attend all outings and provide support
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sited and wears glasses. Encourage her to wear glasses. Inspired visual content with descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Being in good health, meaningful relationships, to participate in music therapy, and doing things for herself	
Important for: doing things for herself	
Likes: comedy videos, friends, Wii, music therapy	
Dislike: Not enough attention, too much time on one activity, crowded areas, and loud noises	
Communication Style: communication device, limited vocalizations, gestures, eye gazing, Reaching for things	
Learning Style: Consistent routine, repetition, physical and verbal prompts	
DSS Remote Outcome and steps: will choose between 2 provided options making a choice or show preference during 70% of activities	

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 2/14/23

Service Recipient: Cassandra Behrman
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize/engage, Caregiver Will attend all outing and provide all needed supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted - wears glasses - staff encourage her to wear glasses, staff pair visual content w/ verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: good health, form meaningful relationships, participate in music therapy, doing things for herself	
Important for:	
Likes: Comedy videos, art projects, friends, wii, music therapy	
Dislike: not getting enough attention, doing an activity for too long, crowded areas, loud noises	
Communication Style: has communication device, limited verbalization, eye gazing, reaching for things she wants/pushing away things she doesn't want	
Learning Style: consistant routine, repetition, physical/verbal prompts	
DSS Remote Outcome and steps: Cassie will choose between two provided options by making a choice or indicating a preference, 70 percent of opportunities.	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 2/15/2023

Service Recipient: Cassie Behrman
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: will have her staff w/ her at all times on outings.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: wears glasses. encourage to wear glasses during remote services w/ verbal prompts.
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: good health, relationships, music/pet therapy, using and developing skills.	
Important for:	
Likes: comedy, art, 1:1 time, friends, outings, wii.	
Dislike: crowded areas/loud. not enough attention. participating for too long.	
Communication Style: comm. device, some verbalizations, "haha" "all done" gestures, vocalizations.	
Learning Style: routine, repitition, Physical/verbal prompts	
DSS Remote Outcome and steps: Choose between two options, making a choice 70% may make choice using comm. device, eye gazing, or vocalizations. -verbal praise	

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 3/10/23

Service Recipient: CASSIE BEHRMAN

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI WILL PROVIDE OPPORTUNITIES TO SOCIALIZE & ENGAGE W/ OTHERS & HER COMMUNITY. WILL HAVE A CAREGIVER (NOT PAI STAFF) ATTEND OUTINGS & WILL PROVIDE FOR NEEDS.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: NEARSIGHTED & WEARS GLASSES. WILL ENCOURAGE TO WEAR HER GLASSES DURING REMOTE SERVICES & PAIR VISUAL CONTENT W/ VERBAL DESCRIPTIONS & PROMPTS
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: 1:1 TIME W/ STAFF, COMMUNITY OUTINGS, PET & MUSIC THERAPY

Important for: TO BE IN GOOD HEALTH, CONTINUE TO FORMULATE MEANINGFUL RELATIONSHIPS, MUSIC & PET THERAPY, & TO DO THINGS FOR HERSELF

Likes: COMEDY VIDEOS, ART PROJECTS, VISITS W/ FRIENDS, PLAYING WII, PET & MUSIC THERAPY

Dislike: NOT RECEIVING ENOUGH ATTENTION OR PARTICIPATING IN AN ACTIVITY FOR TOO LONG, CROWDED AREAS & LOUD NOISES

Communication Style: COMMUNICATION DEVICE, LIMITED VERBALIZATIONS ("HA HA" & ALL DONE), GESTURES, VOCALIZATIONS, EYE GAZING, GOING TOWARD OR PUSHING AWAY THINGS. GOOD RECEPTIVE COMMUNICATION

Learning Style: THROUGH CONSISTENT ROUTINE, REPETITION, PHYSICAL SKILLS & VERBAL PROMPTS. THIS OUTCOME COMPLETED DAILY FOR ROUTINE/REPETITION.

DSS Remote Outcome and steps: WILL CHOOSE BETWEEN 2 PROVIDED OPTIONS, MAKING A CHOICE OR INDICATING A PREFERENCE, 70% UNTIL NEXT REVIEW. 1. PRESENTED 2 OPTIONS EITHER OVER THE WEBCAM OR MOM PRESENTS THEM IN PERSON. 2. VERBALLY EXPLAIN OPTIONS 3. SITE WILL MAKE SELECTION 4. VERBALLY PRAISE & ASSIST W/ USING CHOSEN ITEM

Lead Review Completed: _____

Staff: Dave Tolner

Date: 4/12/23

Service Recipient: Cassie Behran

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunitees to socialize + engage with others and the community. Cassie will have a caregiver attend outings with Cassie who will provide transportation, physical supports + any health + medical needs during outings.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted + wears glasses. PAI staff will encourage Cassie to wear her glasses during remote services + will pair visual content with verbal descriptions + prompts.
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: To be in good health, continue to simulate meaningful relationships, participate in music + pet therapy + to do things by using her skills + developing new ones.

Important for: Comedy videos, art projects, 1:1 time with staff, visits with friends, community outings, playing the Wii, pet therapy + music therapy.

Likes: Comedy videos, art projects, 1:1 time with staff, visits with friends, community outings, playing the Wii, pet therapy + music therapy.

Dislike: Cassie dislikes it when she does not receive enough attention or participates in an activity for too long. She dislikes crowded areas + loud noises.

Communication Style: communication device, limited verbalizations "haha" and all done, gestures, vocalizations, eye gazing/contact, + reaching for things she would like + pushing away things she does not want. Cassie has good receptive communication skills.

Learning Style: Cassie learns through consistent routine, repetition, physical + verbal prompts. This outcome will be completed daily for routine + repetition, + she is provided verbal prompts.

DSS Remote Outcome and steps: Cassie will choose between two provided options making a choice or indicating a preference, 70% of opportunities, until next review.
1) presented two options either over the webcam or have mom present them in person 2) verbally explains options. 3) Cassie will make a selection using eye gazing, communication device, vocalizations, or reaching 4) Verbally praise + assist with using chosen item as appropriate.

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 4/28/23

Service Recipient: Cassie Behrman
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI provide opportunities to socilize and engage w/others and community Caregiver (not PAI) attend outing
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: PAI will encourage remote services aassie to wear glasses during Near Sighted wears glasses
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: To be in good health continue to formulate meaningful relationships participate in music & Pet therapy to do thing for self b	
Important for:	
Likes: Playing w/ Comedy videos, art projects 1:1 w/staff visit w/friends outings pet therapy	
Dislike: crowded areas loud noises not recieving enough attention or participate in activities to long	
Communication Style: eye gazing/contact reaching/push for wants/donts Communication Deviec, limited verbalizations, gestures, vocalizations	
Learning Style: Consistent routine, repetition physical/verbal prompts	
DSS Remote Outcome and steps: Choose between two provided option, making a choice or indicating a preference, 70% of opportunities until next review	

Lead Review Completed: _____

Staff: Nikki Kurchuk

Date: 5/1/23

Service Recipient: Cassie Behrman

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: provide opportunities to socialize/engage will have caregiver → provide transportation + supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: near sighted - glasses - encourage to wear glasses will pair visual content with verbal description
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: good health, relationships, music/pet therapy, independence,	
Important for: comedy videos, art projects, 1:1 time, visits w/ friends, community outings, wii,	
Likes: health, building relationships, learning new skills.	
Dislike: not enough attention, crowded areas, loud noises	
Communication Style: device, limited verbal, "mama" "all done" gestures, vocals, eye gazing,	
Learning Style: routine, repeat, physical/verbal prompts,	
DSS Remote Outcome and steps: 2 options - making a choice	

Lead Review Completed: _____

Competency Tracking Form

Participant: Cathy Turbes

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
	N/A	Susan Gaines
	~~JG~~	John Gebhardt
2/14	AG	Andrea Green
		Jess Gunderson
2/14	SG	Sandy Greenly
		Monserrat Hernandez
5/1/23	NK	Nikki Kereluk
		Kennedy Norwick
2-14	DP	Dan Popp
4/28/23	RS	Renee Schmidt
2-14	NS	Nancy Snyder
2/14	KS	Dolly Stein
2/14	DS	Donna Storm
2-14	CS	Cindi Stucky

Date Completed	Initials	Full Name
4/17/23	DT	Dave Turner
	AW	Anna Wrich
	DY	Doua Yang
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
3/10/23	TB	Tyler Bongard
		Kathy Perry
2/14	DR	Damaya Roman
2/14	PD	Pamela Davis

Date Uploaded to LMS: _____

Staff: Sandi Greenly

Date: 2-15-2023

Service Recipient: Cathy Turbes

Service Span: 12-22 - 12-23

Oakdale

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: ND see comp gen
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: vision adjust items for cathy to look at, ensure she is able to touch them, offer verbal dissertation
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: relaxing in recliner. prefer people. routine. choices. time to sad potato chips

Important for: Engaging in activities, staying active, using communication skills.

Likes: music, games, dancing, art, bowling

Dislike: Being rushed, being left alone, not being able to change clothes

Communication Style: Vocalizations, pictures, facial expressions. body language, reaching or pointing.

Learning Style: modeling, hand over hand. verbal direction, routine, repitition.

DSS Remote Outcome and steps:

cathy will clap along w/ music or play instrument for 1 minute.

Lead Review Completed: _____

Staff: Anna Wrich

Date: _____

Service Recipient: Cathy Turbes

Service Span: 12/22 – 12/23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in-person services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision. adjust items to be seen. be sure she can see items. offer verbal descriptions.
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: recliner. feet up. Preferred People. routine. Choices. time to sort Poker Chips.

Important for: staying active. using communication skills. engaging

Likes: music, games. Dancing. Art. bowling.

Dislike: being rushed. being left alone. not being able to change clothing when wanted.

Communication Style:
Vocalizations. pictures. facial exp. body lang. reaching / Pointing.

Learning Style:
modeling. hand/hand Verbal directions. routine. repitition.

DSS Remote Outcome and steps:
will clap along with music(or Play instrument.) for 1 min.

Lead Review Completed: _____

Staff: Dova Hans
Date: 2/15/23

Service Recipient: Cathy Turbes
Service Span: Dec 22 - 23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: see comp quiz for in person services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: vision - adjust items for her to look at ensure to visibly track them offer verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: relaxing in recliner w/ feet up, perferred people, routine, choices, time to sort poker chips

Important for: staying active. using communication skills, engage in activities

Likes: music, games, dancing, art, bowling

Dislike: Being rushed, left alone, not being able to change her clothes,

Communication Style: vocalizations, pictures. facial expressions, body language, reaching/pointing

Learning Style: modeling, hand over hand, verbal directions, routine, repitition

DSS Remote Outcome and steps: During music, cathy will clap along w/ music or instrument for 1 minute.

Lead Review Completed: _____

Staff: DIANA RANSON
Date: 2/15/2023

Service Recipient: Cathy Turbes
Service Span: Dec 22 - Dec 23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: see comp quiz for in-person community support.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: vision, adjust items for her to look @ make sure she see's item verbal Descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Relaxing in recliner with feet up. Routine, choices, time to sort poker chip. people	
Important for: staying active, communication skills, eating	
Likes: games, music, art, bowling, Dance	
Dislike: being rushed, being alone, not peable to change her clothes	
Communication Style: vocalization, Pictures, facial expression body language, reaching, Pointing	
Learning Style: modeling, hand over hand verbal Direction routine repition.	
DSS Remote Outcome and steps: cathy will clap along with music or will play an instrument.	

Lead Review Completed: _____

Staff: Pam Davis
Date: 2/5/23

Service Recipient: Cathy Turbes
Service Span: Dec 22 - Dec 23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: see compquiz for in person/service as supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: offer verbal descriptions Vision adjust to look @ and insure she is able to tract See item
Behavior Support:	List & Describe Supports: *No Supports Provided NO

Unsupervised time while at PAI? No
*No Supports Provided

Important to: Relaxing in recliner w/feet up; routine, choices; people time to sort porlier chips

Important for: using communication skills; engaging in activities active.

Likes: music, games, dancing; art; bowling

Dislike: rushed; being left alone; not being able to change cloths

Communication Style: vocalizations; pictures; facial expressions; body language and reaching or pointing

Learning Style: modeling; hand over hand; verbal directions; routine & repetition

DSS Remote Outcome and steps: Kathy will clap along w/music or play an instrument for 1 minute

Lead Review Completed: ____________________

Staff: Donna Storm
Date: 2-15-23

Service Recipient: Cathy Turbes
Service Span: Dec 22-23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp plan
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vison ajust Item for her to look at make sure she can track them over verbal desriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Relaxing in recliner keeps up perfered people choices routine time to sort poker chips

Important for: staying active using communication skills enjoy dex activities

Likes: music games dancing art Bowling

Dislike: Pushed left alone not being able to change clothes when she wants too.

Communication Style:
Vocalations Pictures Facal body langa Reach or point

Learning Style:
modleing hand over hand verbal directions Routin/Rep

DSS Remote Outcome and steps:
will clap along w/music or play an instroment for one min

Lead Review Completed: _____

Staff: Mary Snyder
Date: 2-15-23

Service Recipient: Cathy Turbes
Service Span: 12-22 / 12-23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: see comp quiz for community services/ support
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: offer verbal descriptions vision, adjust items for her to look at ensure she is able to visually track them
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: routine, choices, time to sort poker chips relaxing in recliner w/ feet up, preferred people

Important for: active, using communication skills, engaging in activities

Likes: music, games, dancing, art, bowling

Dislike: rushed, being left alone, not being able to change clothes

Communication Style: body language, reaching / pointing vocalizations, pictures, facial expressions

Learning Style: routine & repetition
Modeling, hand over hand, verbal directions

DSS Remote Outcome and steps:

Cathy will clap along w/ music or play an instrument for 1 minute

Lead Review Completed: _____

Staff: Cindi Stuckey

Date: Feb. 14-23

15

For Remote DSS training

Service Recipient: Cathy Turbes

Service Span: 2023

Dec 22-

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: 1:1 comp guide
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: vision; adjust items to look @ verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided No

Unsupervised time while at PAI?

*No Supports Provided

Important to: relaxing in recliner pet up, time to sort poker chips routine, preferred, choices

Important for: staying active, using com skills, engaging in activities

Likes: music, dancing, bowling games, art

Dislike: rushed, left alone, not being able to change clothes when she wants to

Communication Style: vocalizations, body language pictures facial expressions reaching or pointing

Learning Style: modeling hand over hand verbal directions routine

DSS Remote Outcome and steps:

Cathy will clap along with music or instrument for 1 min.

Lead Review Completed: _____

Staff: Dave Tuinei

Date: 2/15/23

Service Recipient: Cathy Turbes

Service Span (Dec. 22 - Dec. 23)

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See Comp Quiz for services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision - adjust items for Cathy to look at. Make sure she can visually track items. Offer verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Relaxing with feet up in recline, preffered people, routine, choices, time to sort poker chips.

Important for: staying active, using communication skills, engaging in activities.

Likes: Music, games, dancing, art + bowling

Dislike: Being Rushed, being left alone, NOT Being able to change clothes when she wants too.

Communication Style: Vocalizations, pictures, Facial expressions, body language reaching + or pointing.

Learning Style: Modeling, hand over hand, verbal directions, routine + repetition

DSS Remote Outcome and steps: Cathy will clap along with music or play an instrument for 1 min.

Lead Review Completed: _____

Staff: John Gebhardt
Date: 2/14/23

Service Recipient: Cathy Turbes
Service Span: 2022-2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in person services.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision- adjust items for her to see and able to visually track them and offer descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Relax with her feet up, Routine, Her people Time stop sort poker chips.

Important for: Staying Active, using communication skills, & Activities

Likes: Music, Games, Dancing, Art and bowling.

Dislike: Being rushed, being left alone, Not changing clothes

Communication Style: Points - reaching. Vocalizations, Pictures, Face Expressions, Body Language

Learning Style: Modeling Hand over Hand. Verbal Directions Routine and repitition.

DSS Remote Outcome and steps:
Cathy will clap along with music or play instrument for 1 minute.

Lead Review Completed: _____

Staff: Daniel P.

Date: 2/15/23

Service Recipient: Cathy T.

Service Span: 12/22-12/23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision Adjust items for Cathy to look at and ensure she is able to visually track them. Offer verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: recliner, Preferred people, routine, choices, and time to sort poker chips

Important for: Staying active, using communication skills, engaging in activities

Likes: Music, playing games, dancing, art, and bowling

Dislike: Being rushed, left alone, not being able to change clothes

Communication Style: Vocalizations, pictures, expressions, body language, and reaching or pointing

Learning Style: modeling, hand over hand, verbal directions, routine and repetition

DSS Remote Outcome and steps: Weekly Cathy will clap along with music or play instrument for 1 minute.

Lead Review Completed: _____

Staff: Anoleen Green
Date: 2/15/2023

Service Recipient: Cathy Tuerpe
Service Span: 12/2022 - 12/2023

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in person services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision - adjust items to be seen & ensure she can visually track them offer verbal descriptors
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
Relaxing w/ pick up preferred ppl, routine, choices, time to self regulate

Important for:
Stay active, using communication skills, engaging activities

Likes:
music, games, dancing, Art Painting

Dislike:
being rushed, left alone, not being able to change clothes

Communication Style:
Reaching / pointing
Vocalizations, pictures, facial expressions, body language

Learning Style:
Repetition
modeling hand over hand, verbal directions, routine

DSS Remote Outcome and steps:
will clap along w/ music or play instrument for 1 min

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 2/15/23

Service Recipient: Cathy Turbes
Service Span: Dec 22- Dec 23

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in person services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision- adjust items for her to look at. Ensure she is able to visually track them. offer verbal descriptions.
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: relaxing in recliner w/ feet up, preferred people, routine, choices, time to sort potter chips

Important for: staying active, using communication skills, engaging in activities

Likes: music, games, dancing, art, bowling

Dislike: Being rushed, being left alone, not being able to change her clothes when she wants to

Communication Style: Vocalizations, pictures, facial expressions, body language, reaching/pointing

Learning Style:
Modeling, hand over hand, verbal directions, routine, repetition

DSS Remote Outcome and steps:
Weekly, Cathy will clap along w/ music/instrument for 1 minute.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 3/10/23

PAI

Service Recipient: CATHY TURBES

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports:
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: VISION - ADJUST ITEMS FOR CATHY TO LOOK AT/ WATCH & ENSURE SHE IS ABLE TO VISUALLY TRACK, OFFER VERBAL DESCRIPTIONS
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: RELAXING IN RECLINER W/ FEET UP, PREFERRED PEOPLE, ROUTINE, BEING OFFERED CHOICES, & TIME TO SORT POKER CHIPS

Important for: USING COMMUNICATION SKILLS, ENGAGING STAYING PHYSICALLY ACTIVE, IN SOCIAL & COMMUNITY ACTIVITIES

Likes: MUSIC, PLAYING GAMES, DANCING, ARTS & CRAFTS & BOWLING

Dislike: BEING RUSHED, BEING LEFT ALONE, NOT BEING ABLE TO CHANGE CLOTHES WHEN WANTING TO, STAFF THAT'S NOT FAMILIAR W/ CARES + ROUTINES

Communication Style: VOCALIZATIONS, PICTURES, FACIAL EXPRESSIONS, BODY LANGUAGE & REACHING/POINTING

Learning Style: ROLE MODELING, HAND OVER HAND ASSISTANCE, VERBAL DIRECTIONS & ROUTINE & REPETITION

DSS Remote Outcome and steps: WEEKLY, CATHY WILL CLAP ALONG W/ MUSIC OR PLAY AN INSTRUMENT FOR 1 MINUTE DURING REMOTE SERVICES SESSIONS. DURING MUSIC THERAPY SESSION, STAFF WILL PROMPT CATHY THAT IT IS TIME TO CLAP ALONG OR PLAY INSTRUMENT & VERBALLY ENCOURAGE/MODEL CLAPPING

Lead Review Completed: _____

Staff: Dave Turner

Date: 4/17/23

Service Recipient: Cathy Turbes

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: See comp quiz for in person services
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision- Adjust items for Cathy to look at/watch and ensure she is able to visually track them, offer verbal descriptions with visual options.
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: relaxing in recliner w/ feet up, preferred people, routine, being offered choices + time to sort poker chips

Important for: staying physically active, using communication skills, engaging in social + community activities.

Likes: Music, playing games, dancing, arts + crafts, bowling

Dislike: being rushed, being left alone, not being able to change clothes when she wants to + when staff are not familiar her cues + routines.

Communication Style: Communicates using vocalizations, pictures, facial expressions, body language, + reaching/pointing.

Learning Style: Role modeling, hand over hand assistance, verbal directions, + routine + repetition.

DSS Remote Outcome and steps:

"Weekly, Cathy will clap along with music play on instrument for 1 minute during remote service sessions.

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

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 4/26/23

Service Recipient: Cathy Nurbes
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI provide opportunities to socialize & engage w/ others and community care giver (not PAI) attend outing
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Vision - adjust items for cathy to look at/watch and ensure she is able to visually track them
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Time to sort poker chips
relaxing in recliner with feet up, preferred people routine being offered choices

Important for:
Staying physically active, using communication skills engaging in social/community

Likes:
Music, Playing games dancing arts and bowling

Dislike: when staff are not familier w/ her cares/routines
being rushed being left alone not being able to change clothes when wants to

Communication Style:
reaching/pointing
vocalizations pictures, facial expressions, body language

Learning Style:
Role modeling hand over hand verbal direction repetition routine

DSS Remote Outcome and steps:
Weekly Cathy will clap along w/ music/play an instrument for 1 min during remote servics

Lead Review Completed: _____

Staff: Nikki Kreluk

Date: 5/1/23

Service Recipient: Cathy Tubes

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports:
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: vision - adjust items to look at/watch and ensure she can track them. verbal descriptions
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: recliner, preferred people, routine, choices, sort poker chips	
Important for: staying active, using communication skills, engagement	
Likes: music, games, dancing, arts, bowling	
Dislike: being rushed, left alone, not being able to change clothes, ~~unfamiliar staff~~	
Communication Style: vocalizations, pictures, facials, body language, reaching / pointing	
Learning Style: modeling. hand ~~hand~~, verbal directions, routine, repeat	
DSS Remote Outcome and steps: Weekly, Cathy will clap along w/ music or play instrument for 1 minute	

Lead Review Completed: _____