



Competency Tracking Form Oakdale

Participant: Richard Mitchell Annual Service Span: March 23- March 24

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

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

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

Date Completed	Initials	Full Name
	SB	Berglund, Sara
	AD	Diaz, Amanda
	Pd	Dyer, Paris
	AFM	Fierro-Montes, Alfredo
	TG	Gould, Trey
4/11/23	UX	Hartman, Lisa
	TL	Lorsung, Tristen
	MM	Moving, Maxine
	KP	Perry, Kathy
	AS	Shirley, Ashleigh
4/11/23	MS	Sweeney, Maurita

Date Completed	Initials	Full Name
	KY	Yang, Katrina

Date Uploaded to LMS: _____

Staff: Sara B
 Date: 4/14/23



Service Recipient: Richard
 Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: latex kiwi prodange exposure w/ latex	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: NX of seizures as teen. at risk TC seizures call 911 5min.	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree diet w/ thickened liquid full assist.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: left palm repaired, left palate constriction scoliosis, spine fusion spastic quadriplegia	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: By mouth in food appearance picking	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assist uses briefs, pour transfer from wk to mat table.	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual w/c & can propel short distances, wears seat belt in chair.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: .	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactilely defensive feet face indoors, vision impairment legally blind sits on ground.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: BSB clearly arms/legs, aggression grabs others vocalizations	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: floor time preferred food personal space line to transition.		
Important for: communicates in safe manner bears weight walking		
Likes: preferred manipulatives Bowling keyboard		
Dislikes: changes in routine cures room clothing change.		
Communication Style: Signing yes shakes head no smiling vocalizations		
Learning Style: Routine/ repetition short verbal cues one step direction.		

Staff: Marda Diaz

Date: 11/11/2023



Service Recipient: RM

Service Span: march 23 - march 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>may have latex allergy</u> Latex <u>Kiwi or Keppra</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of seizures as a teen may put him at risk of tonic clonic seizures call 911 for seizure lasting longer than 5min</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, thickened liquids, regular chair adapted spoon, divided plate, shallow cup</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism, see repaired Cleft palate constipation, scoliosis w/ spinal fusion</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Rick takes med in food w/ apple sauce</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full assist in cares room, he is supported by one staff, using pivot transfer from wheelchair onto and off mat table</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has a manual wheelchair, can propel short distances, wears seat belt in chair</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactilely defensive in feet, face, and underarms, rick will pull away from stimuli or rush away</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB: flail his arms and legs bumps into things physical aggression: grabs others or items</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>floor time, preferred food and beverages, space, time for transitions</u>		
Important for: <u>communicates in a safe manner, bears weight and walking, engages w/ others</u>		
Likes: <u>keyboards, being in the community, coding</u>		
Dislikes: <u>changes in routine, being overwhelmed, getting the cleaned up clothing change</u>		
Communication Style: <u>signing yes, shaking head no, moving away</u>		
Learning Style: <u>routine 3 rep</u>		

U8

Staff: Paris D
 Date: 4/11/23



Service Recipient: Richard Mitchell
 Service Span: 3/23 - 3/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>botex, kiwi, Kepra</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>call all in more than 5min</u> <u>last seizure in teen years, absent seizures, risk of tonic-clonic</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed with thickened liquid, full eating assistance</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation</u> <u>Autism, scoliosis, repaired cleft palate</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes orally daily with pudding/ applesauce</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses briefs with full assistance (pivot transfer)</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses manual wheelchair (can propel short distances)</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactile defensive in face, feet and under arms</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Distract with manipulatives & give space</u> <u>may bump into others, grab, scream</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>floor time, space, manipulatives</u>		
Important for: <u>Communication, bears weight, new activities</u>		
Likes: <u>Community, socializing, preferred activities</u>		
Dislikes: <u>Changes in routine, clothing changes</u>		
Communication Style: <u>Signing, moving toward or away, screaming</u>		
Learning Style: <u>routine & repetition</u>		

Staff: Alfredo Jimenez-Morales
 Date: 4/26/23



Service Recipient: Richard Mitchell
 Service Span: Mar 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Latex gloves, Kiwi, Keppra</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>HAS a prm, qll for a seizure lasting longer than 5 min.</u> <u>HISTORY of seizures as a teen, Absence seizures may put at risk.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Fully assisted.</u> <u>Purined diet w/ thickened liquids. Regular chair, adapted spoon.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Scoliosis w/ spinal fusion. Spalte Quadriplegia.</u> <u>Autism, repaired cleft palate, Constipation</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds orally in food such as pudding. per a signed dr. order*</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses briefs, total assistance, one staff pivot, avoid twisting.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requires staff for long distance.</u> <u>Manual wheelchair he can propel short distances.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Vision Impairment</u> <u>Tactilely defensive in feet, face + underarms.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Physical aggression / verbal / Emotional aggression.</u> <u>SIB - flail arms/legs, bump into things</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Floor time, preferred foods / drinks, personal space, time for transitions.</u>		
Important for: <u>Communicates in a safe manner, bears weight + continues walking.</u>		
Likes: <u>Preferred Manipulatives, being out in community, bowling, socializing.</u>		
Dislikes: <u>Changes in routine, being overwhelmed @ lunch, getting cleaned up.</u>		
Communication Style: <u>Signing yes and shaking head no, moving away / toward things</u>		
Learning Style: <u>Routine / repetition, short verbal cues, one step directions.</u>		

Staff: Trey G.

Date: 4-11-23



Service Recipient: Lick M

Service Span: Mar 23 - Mar 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Latex Gloves, Kiwi, Keppra</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Hx of seizures as a teen, longer than 5 minutes call 911</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, thickened liquids, sits in Chair</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism, Constipation, Scoliosis, repaired cleft palate</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Orally in pudding / apple sauce</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, total assistance, Pivot Transfer one staff, avoid twisting</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual wheelchair, Seatbelt, Short distances (himself), long distances (staff)</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Tactile defensive, tegs, feet, arms, legally blind, prefers flick (feet balanced / grounded)</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Physical aggression, Grabbing others, Kicking, verbal aggression - screams</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Flick time, personal space, preferred manipulatives</u>		
Important for: <u>Safe Comm, bears weight, engages with others</u>		
Likes: <u>preferred manipulatives, socializing, Community</u>		
Dislikes: <u>changes, overwhelmed, Getting cleaned up</u>		
Communication Style: <u>Signed yes, shaking head no, Pleasure = smiling, Displeasure = yelling</u>		
Learning Style: <u>routine and Repetition, Short verbal cues, one step direction</u>		

Lisa Hartman

Staff: ~~Richard Mitchell~~
Date: _____



Service Recipient: Richard Mitchell

Service Span: March 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Latex gloves, kiwi, Keppra: Rick may have a latex allergy due to prolonged exposure. Due to possible latex allergy, he should not have Kiwi fruit or Keppra. Concerns will be reported to home and guardian.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Hx of seizures as a teen. Has absence seizures and a history that may put him at risk for tonic clonic seizure. Rick has a PRN and 911 would be called if Rick had a seizure lasting more than 5 minutes.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet with thickened liquids. Rick sits in a regular chair, uses an adapted spoon, divided plate, and shallow cup, and is fully assisted when eating and drinking.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, Repaired cleft palate, Constipation, Scoliosis with a spinal fusion, Spastic quadriplegia, Any concerns about the above are communicated to his team.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick takes his medication orally in food such as apple sauce or pudding.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick uses briefs and total assistance when using the cares room. He is supported by one staff using a pivot transfer from his wheelchair onto and off the electric mat table, spinal fusion- avoid twisting during transfers and cares	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick has a manual wheelchair that he can propel for short distances. He requires staff support for long distances. He wears a seatbelt when in the wheelchair.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactilely defensive: in feet, face, and underarms. Rick will pull away from stimuli or push away what he does not want near him. Vision impairment: Is legally blind-uses side vision to seek/look for objects. Prefers to be on the floor and will slap the floor with his hand. This helps him feel grounded.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB: flail his arms and legs, bump into things Physical aggression: grab others, or items Verbal/emotional aggression: high pitched vocalizations Rick does the above when he does not like something: during transitions, food he doesn't like, feeling sick. Rick is supported with verbal cues, time to transition, and manipulatives. He can also be moved a safe distance from others.	

Unsupervised time while at PAI? No Yes

Important to:
Floor time, preferred foods and beverages at his preferred temperature and consistency, having personal space, time for transitions, and his preferred manipulatives.

Important for:
Communicates in a safe manner, bears weight and continues walking, engages with others and tries activities.

Likes:
Preferred manipulatives: handheld massagers and keyboards. Being out in the community, bowling, socializing with others.

Staff: Tristen Loring

Date: 4.11.23



Service Recipient: Rm

Service Span: Mar. 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>latex gloves, Kiwi, Keppra</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Absence seizure, tonic clonic</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet w/ thickened liquids. adapt spoon, divided plate, full assistance</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism, repair cleft palate, Constipation, spastic quadriplegia</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds. in appearance</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 person pivot transfer, 2 staff basket transfer, full support mat-table</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manual chair, self propel short distance, long distance staff assist, pelvic strap, foot rests</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tactile defensive feet/face, vision impairment</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB: flail, physical aggression: grab others, Verbal/emotional aggression: vocalizations</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Flow time, preferred foods, personal space</u>		
Important for: <u>comm. in safe manner, bears weight, engage w/others</u>		
Likes: <u>manipulatives, hand held, Bowling</u>		
Dislikes: <u>changes in routine, overwhelmed, cleaning up</u>		
Communication Style: <u>Body lang., facial expressions, vocalizations</u>		
Learning Style: <u>Routine, repetition, short verbal cues, 1 step directions</u>		

UK

Staff: Maxine
 Date: 4-11-23



Service Recipient: RICK
 Service Span: March 22-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Latex gloves - due to possible latex allergy he should not have</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>No seizures from a teen. Has absence seizures. Call 911 for assistance.</u>	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>puree diet with liquid, sits in a regular chair, uses an adapted spoon. divided plate.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>has asthma repaired cleft palate, Constipation</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds early such as applesauce and pudding</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses briets and total assistance for cares. Avoid twisting transfer in cares.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires staffs for long distances. has manual wheelchair that can be propel for short distance.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>pull or push away when don't want. He is blind somewhat.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SD grab others or items, high pitch Verbalism. No alone time.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>slow time communicates communicates in safe manner, bears weight and continue walking</u>		
Important for: <u>communicate in safe manner. try activities.</u>		
Likes: <u>keywords, bowing, socialize with others.</u>		
Dislikes: <u>change and don't know what to expect. changes in change room, being overwhelmed</u>		
Communication Style: <u>pleasure toy</u>		
Learning Style: <u>routine repetition</u>		

Staff: Kathy Perry
 Date: 4-11-23



Service Recipient: Rick
 Service Span: 3/23-3/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Latex gloves, kiwi, keppra. May be allergic due to prolonged exposure	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Hx of seizure as teen. Absence seizures Call 911 lasting ~5 min	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Puree with thickened leg. Full assist. Sits in reg chair, adapted spoon, divided plate, shallow cup	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: autism, scoliosis & fusion, spastic quadriplegia	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: takes in food	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist, briefs 1 staff per change avoid twisting	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual w/c - can propel short distances. Staff support long distance Seat belt	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactile defensive feet, face, underarms. Will pull to/push away things. Legally blind - uses side vision. Likes to be on floor - wraps - helps ground him	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: some SIB - flailing arms/legs high pitched vocalizations time to transition, move away from others, Verbal cues	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: floor time, preferred food & bev, personal space, time to transition		
Important for: communicate in safe manner, engage & others		
Likes: manipulatives, bowling, community, socializing		
Dislikes: changes in routine, getting cleaned up, not knowing what to expect moving away from Being overwhelmed at lunch smiling		
Communication Style: Signing yes/shake head no. Pleasure by smiling displeasure by swearing		
Learning Style: Routine, repetition, short verbal cues, 1 step directives		

Staff: Ashleigh Shirley

Date: 4.11.23



Service Recipient: Richard Mitchell

Service Span: March 23-24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Latex gloves, kiwi, Keppra: Rick may have a latex allergy due to prolonged exposure. Due to possible latex allergy, he should not have Kiwi fruit or Keppra. Concerns will be reported to home and guardian.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Hx of seizures as a teen. Has absence seizures and a history that may put him at risk for tonic clonic seizure. Rick has a PRN and 911 would be called if Rick had a seizure lasting more than 5 minutes.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet with thickened liquids. Rick sits in a regular chair, uses an adapted spoon, divided plate, and shallow cup, and is fully assisted when eating and drinking.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, Repaired cleft palate, Constipation, Scoliosis with a spinal fusion, Spastic quadriplegia, Any concerns about the above are communicated to his team.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick takes his medication orally in food such as apple sauce or pudding.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick uses briefs and total assistance when using the cares room. He is supported by one staff using a pivot transfer from his wheelchair onto and off the electric mat table, spinal fusion- avoid twisting during transfers and cares	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Rick has a manual wheelchair that he can propel for short distances. He requires staff support for long distances. He wears a seatbelt when in the wheelchair.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Tactilely defensive: in feet, face, and underarms. Rick will pull away from stimuli or push away what he does not want near him. Vision impairment: Is legally blind-uses side vision to seek/look for objects. Prefers to be on the floor and will slap the floor with his hand. This helps him feel grounded.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB: flail his arms and legs, bump into things Physical aggression: grab others, or items Verbal/emotional aggression: high pitched vocalizations Rick does the above when he does not like something: during transitions, food he doesn't like, feeling sick. Rick is supported with verbal cues, time to transition, and manipulatives. He can also be moved a safe distance from others.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Floor time, preferred foods and beverages at his preferred temperature and consistency, having personal space, time for transitions, and his preferred manipulatives.		
Important for: Communicates in a safe manner, bears weight and continues walking, engages with others and tries activities.		
Likes: Preferred manipulatives: handheld massagers and keyboards. Being out in the community, bowling, socializing with others.		

Staff: Maunfa Sweeney
 Date: 4/11/23



Service Recipient: Rick
 Service Span: March '23-'24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Lavex gloves</u> <u>kiwi</u> <u>Iceppre Report concerns</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Hx SZ as teen, Absence SZ and hx of focal puts him at risk for tonic-clonic SZ. Rick had PRV and 911 would be called if SZ > 5 min.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet / thickened liquids. Sits in chair uses adaptive spoon, divided plate</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism, repaired palate</u> <u>constipation, scoliosis, report concerns</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>oral i food / applesauce</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs - total assist 1 staff</u> <u>pivot transfer from wheelchair on loft mat table</u> <u>avoid twisting</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>manue wheelchair can propel short distance, wears seat belt.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>tactile defensive on feet</u> <u>face underarms, visual impairment</u> <u>prefers to be on the floor</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - flail his arms/legs, bumps into things, grabs others or items</u> <u>high pitch verbalizations, verbal cues, move to another area, give manipulatives</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Flour time, preferred food beverages, manipulatives, time to transfer</u>		
Important for: <u>communicates in safe manner</u> <u>engaged with others, tries activities</u>		
Likes: <u>hand held manipulatives, community, bowling,</u> <u>socializing with others.</u>		
Dislikes: <u>Changes in routine</u> <u>lunch, cleaning up in canteen room.</u>		
Communication Style: <u>signing yes - shaking head no, mouing to from, smiling, screaming</u>		
Learning Style: <u>routine + Rep, 1 step direction, short verbal cues</u>		

Staff: Katrina Y

Date: 04.11.23



Service Recipient: Richard

Service Span: March 2023 - 24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: latex, kiwi, keppra; prolonge exposure w/latex	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: nx of seizures as teen; at risk for TC seizures; call 911 if <5 min or longer	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree diet w/thickened liquid; full assist	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, repaired cleft palate, Constipation, scoliosis, Spinal fusion, Spastic Quadraplegia	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: by mouth in food like applesauce/pudding	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assist, uses briefs; pivot transfer from wlc to mat table	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wlc and can propel short distances, wears seat belt in chair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactily defensive - feet, face, underarms; vision impairment - legally blind; likes to sit on ground	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - flailing arms/legs Aggression - grabs others, vocalizations	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: floor time, preferred food/bevs, personal space, time for transitions		
Important for: communicates in safe manner, bears weight/walking		
Likes: preferred manipulatives, bowling, keyboard		
Dislikes: changes in routine, cures room, clothing change		
Communication Style: Signing yes, shaking head no, smiling, vocalizations		
Learning Style: routine/repetition, short verbal cues, one step direction		

Lead Review Completed: UK