

# Zachary Westrum

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff ensure that Zachary's food is cut into bite-sized pieces. Staff will provide Zachary with verbal reminders to slow down and to take small bites.
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:  Zachary does not take any daily medications at PAI. He does have a PRN for self-injurious behaviors. If the need did arise for Zachary's PRN to be administered, a staff trained in medication administration would administer the medication to Zachary per a signed physician's order and per his PRN protocol.  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*

<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  Staff will offer the bathroom multiple times a day. Staff can use a visual schedule/use first/then language ("first bathroom/then iPad", for example). If Zachary has an accident, <u>staff</u> will help him change his clothing.</p>
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p><b>Community Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  <input type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>
<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:  Zachary can become bothered by loud noises. Staff can offer him his headphones, use first then language with "inside voice" ("first inside voice/then iPad", for example). Staff can also offer him a quieter spot/a breakout space.</p>

**Behavior Support:**

No  Yes

**List & Describe Supports:**

- **Self-injurious behaviors:** If Zachary were to engage in self-injurious behaviors, staff will offer verbal cues, offer him a break and/or provide him with choices of alternative activities (i.e. break, walk, drink of water). Zachary has a PRN for self-injurious behaviors.
- **Verbal/emotional aggression:** Zachary may screech/scream when is upset. Staff will offer verbal cues, offer him a break and/or provide him with choices of alternative activities (i.e. break, walk, drink of water).

**Unsupervised time while at PAI?**  No  Yes

Zach is able to be alone when taking a break in his "break spot" for self-regulation/quiet time/alone time. If this time for self-regulation exceeds 15 minutes, staff will check in with him periodically, every 15 minutes.

**Important to:** Movies, breaks, having choices, Snoopy, and having headphones are important to Zachary.

**Important for:** It is important for Zachary that he recognizes when he needs to take a break. It is also important for Zachary that he is given choices and that staff give him praise for completing tasks.

**Likes:** Movies, Disney songs, Snoopy, going out to eat (Burger King), alone time

**Dislikes:** Loud noises, the dentist, drinking without a straw, not having time to process

**Communication Style:** Verbal, vocalizations, body language/facial expressions

**Learning Style:** Modeling, observation, repetition

WV 74

# April Mereness

<p><b>Allergies:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:             April is allergic to the Pertussis vaccine, <del>Septtra</del>, Sulfa drugs and Valium. Staff are trained on April's allergies.</p>	<p>Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes  <small>*Listed on MAR, only administer meds per dr. order*</small></p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Describe Supports:            April had previously been seizure-free since 1995, however, in 2015 she was hospitalized for uncontrolled seizure activity. Getting water in her ears and NutraSweet may trigger seizures. During April's seizures, she may be able to talk and carry on a conversation. When having a seizure, she has left arm movement and her head turns to the left. Staff are aware and trained on April's seizure protocol.</p>	
<p><b>Choking/ Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:            April is on a regular <u>diet</u>, however, staff will cut meats and hard foods into nickel-sized pieces. April uses her right hand to feed herself and to drink. Staff will place April's cup (mug or a cup with a straw) to her right side. Some days April may require additional support for eating and drinking due to lack of strength. Staff will not give April NutraSweet as it may trigger seizures.</p>	

<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:</p> <p>April may become constipated and may have pain and discomfort. Staff encourage April to drink water throughout the day and will report any <u>BM's</u> in her communication book. Staff take April to the bathroom daily and ask her to "work her magic" (per her mother).</p>	<p>DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes  *Located in main file, share with EMT in emergency*</p>
<p><b>Medication:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p> <p>April has a <u>PRN</u> medication at PAI for seizures. If the need did arise for her to take her PRN, a staff trained in medication administration would administer the medication to April per a signed physician's order/seizure protocol.</p>	<p>Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes  *A trained staff will administer meds per a signed dr. order*</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p> <p>April requires full support in the bathroom (Arjo).</p>	

**Mobility/Fall Risk:**

No  Yes

**Describe Supports:**

Staff will secure April's lap belt when April is in her wheelchair. Staff will offer verbal cues or physical assistance when April has difficulty seeing obstacles and doorways. Staff will notify her guardian of any injury. Staff will drive April's power chair for her when near curbs, hills or when in crowded areas. April's chair is switched into the "off position" to avoid accidental movement. Staff will use an Arjo lift to transfer April to the toilet. Staff will be aware that April's knees may buckle if she stands for too long. They will keep her safety straps on.

**Community Support:**

No  Yes

**Describe Supports:**

Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

Staff will redirect April if she were to make inappropriate comments to tries to touch people he does not know.

**Sensory Support:**

No  Yes  N/A

**List & Describe Supports:**

**Behavior Support:**

No  Yes

List & Describe Supports:

- **Inappropriate interactions with others:**
  - **Day Support Services; Prevocational Services:** April is very social and enjoys talking and spending time with others. April is not always able to discern what topics are appropriate to talk about with strangers. In the past she has discussed bodily functions and private information to others. Staff support April by remaining within visual range of her throughout the day and in auditory range when she is talking with someone new or unfamiliar. Staff will help to ensure that the topics are appropriate. Staff may ask her to “change the topic” or tell her that it is “not appropriate”. Staff may suggest another, more appropriate topic or ask April to “choose something else to talk about.” If April continues to talk inappropriately, staff will ask her if she would like to go for a walk to another area of the program room or building or ask the individuals near her to move.
- **Verbal/physical aggression:**
  - **Day Support Services; Prevocational Services:** April may not always be gentle when she is feeling discomfort or distress. She may cry, yell, swear, bite, pull hair or scratch as a way to communicate with others that she is in pain or upset. Staff support April by asking her to “use your words” to talk about what she is feeling and how to appropriately express those feelings. Staff will try to eliminate the source of her frustration and/or ask April if she would like to go to another area to “calm down”. Staff may also offer alternative suggestions for how to better interact with others or how to “apologize” if April would like. If April appears about to aggress, (holds hand towards other person, grabs items to throw), staff will verbally remind April to have “nice or safe hands”. Staff will step between April and the other person, or they will carefully block her attempt with a flat hand.

Unsupervised time while at PAI?  No  Yes

**Important to:** family, music, humor, preferred staff, friends, being included, socializing and singing

**Important for:** re-direction when talking about fixated interests, respecting her choices, socializing, appropriately interacting with others

**Likes:** April likes being around friends and preferred staff, socializing, being funny/joking around, coloring and singing

**Dislikes:** April does not like when she has to say goodbye to someone, bathroom issues, and when she is told what to do.

**Communication Style:** Verbal

**Learning Style:** Observation, modeling, repetition, hand-over-hand as needed

# Eli Arnold

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>  Elias is allergic to Sulfa medications. Staff are aware and trained on Eli's allergies. Eli does not take medications while at PAI and would inform any emergency personnel of Eli's allergies if needed. order*	<b>Medication Allergies?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Eli may eat too quickly/not chew his food. Staff will verbally remind him to eat slowly and to take small bites.	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>  Elias has frequent constipation and may hold a BM instead of going <u>at</u> PAI. Staff will communicate with Elias' mother if they think that he may be constipated.	<b>DNR/DNI?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>

<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Elias is afraid of ice. If it is icy outside, staff will help Elias by giving him their hand and guiding him to a surface that is not icy.	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:  Elias is sensory defensive. He is hypersensitive to noise. Staff will support Elias by allowing him to wear headphones or ear plugs when the room environment is too loud for him. Elias also does not <u>like</u> when others apply lotion to him. Staff will support Eli by allowing him to apply lotion himself.</p>
<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  Elias may become verbally/physically aggressive towards others. Staff will move Elias to a safe location and give him time to process and calm down. It is important that staff do not ask Eli to “calm down” or tell him “<u>no</u>” during this time. Eli needs space to himself which staff will support Eli to find.</p>
<p><b>Unsupervised time while at PAI?</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	

<p><b>Important to:</b> It is important to Elias that his environment is quiet and calm. It is also important to Elias that he can be as independent as possible. It is important to Elias that he can wear his headphones/ear plugs during the day. It is also important to Elias that he has a fidget. It is important for Elias that he is given the option to participate in activities.</p>
<p><b>Important for:</b> It is important for Elias that <u>is</u> environment is as quiet and calm as possible. It is also important for Elias that he is given time to process and that he is given his space when needed. It is also important for Elias that he is encouraged to participate in activities throughout the day.</p>
<p><b>Likes:</b> Elias likes music, movies, iPad, fidgets, books, computer and going for walks.</p>
<p><b>Dislikes:</b> Elias does not like vegetables (except corn and potatoes), fruit (except grapes and apples), loud noises, yelling, being rushed, or a lot of talking.</p>
<p><b>Communication Style:</b> Short verbal phrases, body language/facial expressions</p>
<p><b>Learning Style:</b> Modeling, observation, verbal prompts</p>

# Leif Odne

<p><b>Allergies:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:</p>	<p>Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes          *Listed on MAR, only administer meds per dr. order*</p>
<p><b>Seizures:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Describe Supports:          Leif's seizures are partially controlled by medications. Leif has infrequent generalized tonic-clonic seizures. He is at risk of physical injury during tonic-clonic seizures. Staff are aware and trained in Leif's seizure protocol.</p>	
<p><b>Choking/ Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Leif may have trouble swallowing certain foods that are not cut up into bite size (¼ inch to ½ inch) pieces and is at risk of choking if food is not cut up properly. Staff visually check Leif's food to make sure it is cut in bite size (¼ inch to ½ inch) pieces. If not, staff will physically cut the food for him. Finger foods such as hamburgers, French fries, tacos, pizza, etc. will need to be cut up into bite size (¼ inch to ½ inch) also. Staff will use verbal cues for Leif to slow down and chew food thoroughly when he is eating. Leif is within visual range during meal and snack times so staff can physically assist him as needed. If Leif were to choke, staff will provide 1<sup>st</sup> aid and call 911. Leif may occasionally refuse to eat his food. If Leif refuses to eat staff will notify his residential staff.</p>	

<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:</p>	<p>DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes  *Located in main file, share with EMT in emergency*</p>
<p><b>Medication:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  N/A</p>	<p>Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes  *A trained staff will administer meds  per a signed dr. order*</p>
<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  Leif requires full support in the bathroom (Arjo).</p>	
<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:  Leif is at risk of falling due to his limited strength and balance. Staff assist Leif by propelling his <u>wheel chair</u> and using the <u>arjo</u> during cares. Staff would assist Leif in quickly leaving the building in an emergency situation.</p>	
<p><b>Community Support:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	<p><input type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>

<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:  N/A
<b>Unsupervised time while at PAI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Important to:</b> family, humor, being included, that staff listen to him, working	
<b>Important for:</b> humor, being included, that staff listen to him, that staff assist him with eating and <u>cares</u>	

**Likes:** being funny/humor/jokes, wrestling, food, music, spending time with family, staff and peers

**Dislikes:** Steak, loud people, when others are upset, being rushed, change, going to bed, exercising, being ignored.

**Communication Style:** non-verbal, nodding/shaking head, facial expressions, vocalizations

**Learning Style:** modeling, observation, repetition, hand-over-hand as needed





# Competency Tracking Form

ELI ARNOLD

Participant: ~~HAVEN MARZITTI~~

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
		John Gebhardt
		<del>Andrea Green</del>
		Jess Gunderson
5-16-23	SG	Sandy Greenly
		<del>Montserrat Hernandez</del>
		Nikki Kereluk
		Kennedy Norwick
		Dan Popp
		Renee Schmidt
		Nancy Snyder
		Dolly Stein
		Donna Storm
		Cindi Stucky

Date Completed	Initials	Full Name
		Dave Turner
		Anna Wrich
		Doua Yang
		Dainaja Ranson
		Pamela Davis
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
4/24/23	TRB	Tyler Bongard
4-27-23	KSP	Kathy Perry

Date Uploaded to LMS: \_\_\_\_\_



Staff: Abney Snyder  
 Date: 4-19-03



Service Recipient: Eli Arnold  
 Service Span: Jan 23-Jan 24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer</span> Elias is allergic to Sulfa medications. Staff are aware and trained on Eli's allergies. Eli does not take medications while at PAI and would inform any emergency personnel of Eli's allergies if needed. order* <span style="float: right;">meds per dr.</span>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eli may eat too quickly/not chew his food. Staff will verbally remind him to eat slowly and to take small bites.
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</span> Elias has frequent constipation and may hold a BM instead of going at PAI. Staff will communicate with Elias' mother if they think that he may be constipated.
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u> ✓	Describe Supports: <span style="float: right;">Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</span>
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Elias is afraid of ice. If it is icy outside, staff will help Elias by giving him their hand and guiding him to a surface that is not icy.
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;"><input type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</span>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Elias is sensory defensive. He is hypersensitive to noise. Staff will support Elias by allowing him to wear headphones or ear plugs when the room environment is too loud for him. Elias also does not like when others apply lotion to him. Staff will support Eli by allowing him to apply lotion himself.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NO</u> →	List & Describe Supports: Elias may become verbally/physically aggressive towards others. Staff will move Elias to a safe location and give him time to process and calm down. It is important that staff do not ask Eli to "calm down" or tell him "no" during this time. Eli needs space to himself which staff will support Eli to find.
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	



Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Important to:** It is important to Elias that his environment is quiet and calm. It is also important to Elias that he can be as independent as possible. It is important to Elias that he can wear his headphones/ear plugs during the day. It is also important to Elias that he has a fidget. It is important for Elias that he is given the option to participate in activities.

**Important for:** It is important for Elias that his environment is as quiet and calm as possible. It is also important for Elias that he is given time to process and that he is given his space when needed. It is also important for Elias that he is encouraged to participate in activities throughout the day.

**Likes:** Elias likes music, movies, iPad, fidgets, books, computer and going for walks.

**Dislikes:** Elias does not like vegetables (except corn and potatoes), fruit (except grapes and apples), loud noises, yelling, being rushed, or a lot of talking.

**Communication Style:** Short verbal phrases, body language/facial expressions

**Learning Style:** Modeling, observation, verbal prompts

Lead Review Completed: \_\_\_\_\_



Staff: Renee Schmitt



Service Recipient: E. Arnold

Date: \_\_\_\_\_

Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Swifa meds</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reminders slow down</u> <u>Small Bites</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Consistate - call parent</u> <u>Hold Bm</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>afraid of ice offer hand guide to safe</u>	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensory deficiencies</u> <u>Hypersensitive to noise</u>	<u>Ear plugs / headphones</u> <u>Lotion - himself</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal / physically aggress towards others</u> <u>Site location time to process and calm down</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	
<b>Important to:</b> <u>calm environment independence headphones / earplugs</u> <u>option on activities</u>		
<b>Important for:</b> <u>quite &amp; calm time to process</u> <u>encourage to participate in activities</u>		
<b>Likes:</b> <u>music movies books walk computer fidgets</u>		
<b>Dislikes:</b> <u>veg. fruit loud noise yelling rushed alot of talking</u>		
<b>Communication Style:</b> <u>short verbal phrase body lang / facial express</u>		
<b>Learning Style:</b> <u>modeling verbal prompt observation</u>		



Staff: Pam Davis



Service Recipient: Eli Arnold

Date: 4/19/23

Service Span: Jun 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Sulfa medications</i>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>Reminder of eats too quickly to slow down.</i>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Constipated sometimes let mother know</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>N/A</i>	Describe Supports:	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>see afraid of ice will ask</i>	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Sensory defensive; earplugs &amp; head phones Lotion's Eli can apply his self.</i>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>Verbally/physical towards other</i>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <i>calm quiet environ; independent as possible; option to participate in activity</i>		
<b>Important for:</b> <i>quiet and calm environment to participate in activities time to process</i>		
<b>Likes:</b> <i>movies; fidgets; walks; computers</i>		
<b>Dislikes:</b> <i>veg; fruit; loud noises; yelling; being rushed or a lot of talking</i>		
<b>Communication Style:</b> <i>Short verbal phrases; body language; facial expres</i>		
<b>Learning Style:</b> <i>modeling; verbal prompts; observation</i>		



Staff: DAIMAJARA/SON



Service Recipient: Eli Arnold

Date:

Service Span: Jan 23- Jan 29

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>allergic to sulfa</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminder to eat slow, verbal prompts</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>afraid of ice</u>	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensory defensive</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>quite an calm environment, give him an option to P</u>		
<b>Important for:</b> <u>quite/calm, time to process, encourage to participate</u>		
<b>Likes:</b> <u>movies, iPad, Fidget, books, computer</u>		
<b>Dislikes:</b> <u>veggie/fruit, loud noise, being rushed, yelling</u>		
<b>Communication Style:</b> <u>short verbal phrases, facial expression.</u>		
<b>Learning Style:</b> <u>verbal prompts</u>		



Staff: Lindsay Carlson



Service Recipient: Ell Arnold

Date: 4/19/23

Service Span: \_\_\_\_\_

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: sulfa medications, staff trained on allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may eat too quickly / not chew food, verbal reminders	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: frequent constipation, may hold BM communicate w/ Ell's mother	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: afraid of ice, give him staff hand & guiding him to surface that is not icy	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: sensory defensive, hypersensitive to noise, allow him to wear headphones & ear plugs	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbally / physically aggressive -> do not say "no" or "calm down", bring to quiet place	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> calm / quiet environment, ind. as possible, headphones / ear plugs		
<b>Important for:</b> time to process, given space as needed, encourage participation		
<b>Likes:</b> music, movies, iPad, tablets, books, computer, walks		
<b>Dislikes:</b> vegetables, fruit, loud noises, yelling, being washed		
<b>Communication Style:</b> short verbal phrases, body language, facial expressions		
<b>Learning Style:</b> modeling, observations, verbal prompts		



Staff: Dora Yang



Service Recipient: Eli Arnold

Date: 4-19-23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>allergic to sulfa allergies</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may eat too quickly → verbal cues</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Frequent constipation → hold BM. staff communicate w/ mom</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>afraid of ice → offer hand and guide to a surface.</u>	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensory defensive. Hypersensitive to noise. let Eli apply lotion. offer headphones.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verbally / physically aggressive towards others. staff move Eli to safe location. Don't ask Eli to "calm down" or tell him "no"</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>calm / quiet environment, independent as possible, headphones throughout day, given options</u>		
<b>Important for:</b> <u>quiet / calm environment, time to process, encourage to participate in activities</u>		
<b>Likes:</b> <u>music, movie, ipad, fidget, books, computer, walks</u>		
<b>Dislikes:</b> <u>vegetables, fruit, loud noises, yelling, being rushed a lot of talking</u>		
<b>Communication Style:</b> <u>short verbal phrases, body lang. facial expr.</u>		
<b>Learning Style:</b> <u>modeling, observation, verbal prompts</u>		



Staff: Dave Turner



Service Recipient: Eli Arnold

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Eli is allergic to sulfa medications. Staff is trained.</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eli may need reminders to slow down if eating too fast. Encourage to take small bites.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation - may hold BM at PAI</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:  <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Affraid of ice offer hand</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Affraid of ice, offer hand</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensory defensive, Hypersensitive to noise, Head phones.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May become verbally or physically aggressive. May need to directed but not verbally told</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:  <u>No unsupervised time</u>	
<b>Important to:</b> <u>calm environment, Independence promote, Ear phones plugs all day</u>		
<b>Important for:</b> <u>Quiet + calm environment, Time to process.</u>		
<b>Likes:</b> <u>Music, books, iPad, computer, walks.</u>		
<b>Dislikes:</b> <u>Vegetables, fruit, loud noises, yelling, being rushed, a lot of talking.</u>		
<b>Communication Style:</b> <u>Short verbal phrases, body language/facial expressions</u>		
<b>Learning Style:</b> <u>Prompts, Verbal instruction.</u>		



Staff: Cindi Stucky



Service Recipient: Eli Arnold

Date: 4.19.23

Service Span: Jan 23-24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Sulfa meds</i>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: /	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>may eat too quickly</i>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Constipated</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(N/A)</i>	Describe Supports:	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>afraid of ice - help guide him</i>	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>Sensory defensive - wears earplugs don't like lotion applied to him</i>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>Speaks under his breath - don't use alot of words.</i>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <i>Quiet environment, activities read phones,</i>		
<b>Important for:</b> <i>Quiet + calm environment Time to process + join in activities throughout day</i>		
<b>Likes:</b> <i>music, books, walks, fidgets movies</i>		
<b>Dislikes:</b> <i>veg, fruit, noises, yelling, rushed, alot of talking</i>		
<b>Communication Style:</b> <i>short verbal phrases,</i>		
<b>Learning Style:</b> <i>modeling, observation, verbal prompts</i>		



Staff: Donna Storm



Service Recipient: Eli Arnold

Date: 4-19-23

Service Span: Jan 23-24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Soifa	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipated - will not go here tell mom if we think	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ice - afraid offer a hand	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: defence du lol	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal or physical aggression	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> Calm and quiet environment Independent Give options to participant		
<b>Important for:</b> time to process calm and quiet encouraged to participate		
<b>Likes:</b> movies walks computer fidgets		
<b>Dislikes:</b> veg fruit loud noises yelling being rushed a lot of talking		
<b>Communication Style:</b> short verbal phrases body/		
<b>Learning Style:</b> nodde verbal propts		



Staff: Daniel P  
 Date: 4/19/23



Service Recipient: El A.  
 Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Allergic to Sulfa, Alert</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Rats study</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>frequent constipation</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Afraid of ice. offer hand and guide</u>	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sensory defensive. Sensitive to noise</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbally/physical towards others. Staff will move away from others when upset. Avoid saying "No".</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>calm environment, independence, headphones, option to participate</u>		
<b>Important for:</b> <u>quiet environment, time to process, encourage to participate in activities</u>		
<b>Likes:</b> <u>music, movies, ipad, books, computer, walks</u>		
<b>Dislikes:</b> <u>vegetables, fruit, loud noises, yelling</u>		
<b>Communication Style:</b> <u>short verbal phrases, body language and facial expressions</u>		
<b>Learning Style:</b> <u>Modelling, observation, and Verbal prompts</u>		



Staff: Kathryn Storn  
 Date: 4/19/23



Service Recipient: Eli Arnold  
 Service Span: 1/2023 - 1/2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sulfa meds</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>verbal reminders to slow down</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>afraid of ice, staff offer hand</u>	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensory defensive, hyper sensitive to noise. wears headphones</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verbally/physically aggressive to others. Don't say "NO" or "calm down"</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>calm/quiet environment, independence, headphones, choices in activities</u>		
<b>Important for:</b> <u>quiet/calm environment, time to process, encouraged to participate</u>		
<b>Likes:</b> <u>movies, ipads, walks, computer, fidgets</u>		
<b>Dislikes:</b> <u>veggies/fruit, loud noises, yelling, being rushed, alot of talking</u>		
<b>Communication Style:</b> <u>short verbal phrases, body language, facial expressions</u>		
<b>Learning Style:</b> <u>modeling; observation, verbal prompts</u>		



Staff: Joym Gebhardt  
 Date: 4/19/23



Service Recipient: Eli Arnold  
 Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sulfa Med Allergy</u> <u>Staff are trained.</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Remind to slow down when eating.</u> <u>chew slowly.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>gets constipated, Let paren</u> <u>know about any B.M.S</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:	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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He's afraid of the ice, staff assist him</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>→</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>He's sensory Defensive,</u> <u>Wears headphones or earplugs</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May get verbal and physical aggressive to</u> <u>Others. Do not say "No" or "Calm Down"</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>calm environment, independence</u> <u>participating in activity</u>		
<b>Important for:</b> <u>A quiet &amp; calm environment, Activities Daily</u>		
<b>Likes:</b> <u>Music, movies, books, walks, iPad/computer</u>		
<b>Dislikes:</b> <u>veggies, loud noises, being rushed</u>		
<b>Communication Style:</b> <u>Facial expressions, verbal</u>		
<b>Learning Style:</b> <u>verbal prompts, Modeling.</u>		



Staff: Anna which



Service Recipient: Eli Arnold

Date: 4/19/2023

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Sulfa Meds	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May eat quick. cues to slow down. "take small bites"	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: constipation. - report to MOM.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: afraid of ice. lend hand/arm	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypersens. to noise. Head Phones & Ear Plugs. Let him apply LOTION	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal / physically agg. offer quiet space. don't say NO or calm down.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE	
<b>Important to:</b> calm room, indep. Headphones/ear plugs option to participate.		
<b>Important for:</b> quiet/calm room. time to process. given space.		
<b>Likes:</b> music, movies, books, computer. walks.		
<b>Dislikes:</b> Veggies, fruit, yelling, loud noise/PPL. being rushed.		
<b>Communication Style:</b> short verbal phrase. body lang/far. exp.		
<b>Learning Style:</b> modeling, Verbal Prompts		



Staff: Nikki Kereult  
 Date: 4/19/23



Service Recipient: Elias Arnold  
 Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Sulfa</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>None</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>"slow down" "small bites"</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation - let mom know</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>afraid of ice. offer hand to guide</u>	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>sensory defensive. headphones/ear plugs</u> <u>does not like lotion applied</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>aggressive toward other - redirect. offer safe location</u> <u>do not say "calm down" "no"</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	
<b>Important to:</b> <u>quiet environment, independence, headphones, offer participation</u>		
<b>Important for:</b> <u>given time to process, space given, quiet encouragement</u>		
<b>Likes:</b> <u>music, movies, ipad, fidgets, books, computer, walks.</u>		
<b>Dislikes:</b> <u>most vegetables, fruit, loud, yelling, being rushed, lot of talking</u>		
<b>Communication Style:</b> <u>short phrases, body language / facials</u>		
<b>Learning Style:</b> <u>model/observe/verbal prompts</u>		



Staff: THREE ROYALS



Service Recipient: EH ARNOLD

Date: 4/24/23

Service Span: APRIL '22-'23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ALLERGIC TO SULFA MEDICATIONS. INFORM EMERGENCY PERSONNEL OF HIS ALLERGIES IF NEEDED Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: N/A
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MAY EAT TOO FAST / NOT CHEW HIS FOOD. REMIND TO EAT SLOWLY & TAKE SMALL BITES
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: FREQUENT CONSTIPATION - MAY HOLD BM INSTEAD OF GOING AT PAI. COMMUNICATE IF HE MAY BE CONSTIPATED (TO HOUSE) DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A 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>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: AWARE OF ICE. IF ICY, STAFF WILL GIVE ELI A HAND & GUIDE TO NON-ICY SURFACES
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: SENSORY DEFENSIVE - HYPERSENSITIVE TO NOISE. ALLOW HEADPHONES/EAR PLUGS. ALLOW HIM TO APPLY LOTION HIMSELF - DOESN'T LIKE HELP WITH THIS
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MAY BECOME VERBALLY/PHYSICALLY AGGRESSIVE TOWARDS OTHERS - MOVE TO SAFE LOCATION/GIVE TIME TO CALM DOWN. DO NOT SAY "CALM DOWN" OR "NO" - NEEDS SPACE.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE
<b>Important to:</b> QUIET & CALM ENVIRONMENT, BEING AS INDEPENDENT AS POSSIBLE, HEADPHONES & EAR PLUGS, HAVING A FIDGET, GIVEN THE OPTION TO PARTICIPATE	
<b>Important for:</b> QUIET & CALM ENVIRONMENT, TIME TO PROCESS & GIVEN SPACE WHEN NEEDED, BEING ENCOURAGED TO PARTICIPATE	
<b>Likes:</b> MUSIC, MOVIES, IPAD, FIDGETS, BOOKS, COMPUTER, WALKS	
<b>Dislikes:</b> VEGETABLES (EXCEPT CORN + POTATOES), BEING PUSHED, LOUD NOISES, YELLING	
<b>Communication Style:</b> SHORT VERBAL PHRASES, BODY LANGUAGE/FACIAL EXPRESSIONS	
<b>Learning Style:</b> MODELING, OBSERVATION, VERBAL PROMPTS	



Staff: Kathy Peng



Service Recipient: Eli Arnold

Date: 4-27-23

Service Span:

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Sulfa meds PAI Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May eat too quickly/not chew food. Verbally remind to eat slowly + take small bites
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Frequent constipation + may hold BM instead of going @ PAI Inform Mother if see he's constipated DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Indep
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Is afraid of ice. If icy staff offer hand to <i>safer area</i>
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypersensitive to noise. allows to wear headphones/earplugs Doesn't like when others apply lotion to him - allow to do himself
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May become verbally/physically aggressive Move to quiet area + give time to calm down + process Do not ask to calm down or say No during these times allow him to find space
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Important to:</b> That environment is quiet + calm. To be as indep. as possible Be able to wear headphones/earplugs during day. To have his fidget <del>thing</del> objects options to participate in act.	
<b>Important for:</b> Calm quiet environment, time to process - space Encouragement to participate in act.	
<b>Likes:</b> Music, movies, IAPP, fidgets, books, computer, going for walks	
<b>Dislikes:</b> Veggies (except corn + potatoes) fruit (except grapes + apples), loud noises, yelling, being touched, a lot of talking	
<b>Communication Style:</b> Short verbal phrases, body language/facial expressions	
<b>Learning Style:</b> modeling, observation, verbal prompts	



Staff: Sandy Greenly



Service Recipient: Eli Annobl

Date: 5-16-2023

Service Span: \_\_\_\_\_

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Allergic to Sulfate medications -</u> <u>Does not take medications while at PAI</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May eat too quickly - staff remind verbally to eat slow small bites.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Has frequent constipation and hold Bm instead of going at PAI -</u> <u>Staff communicate w/ mother on constipation.</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Asraid of ice - staff will offer hand &amp; guide him to surface he feels safe and not icy.</u>	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Is sensory defensive, hypersensitive to noise. Staff will support Eli to wear headphones or earplugs when environment is too loud. - Does not like others to apply lotion to him - Apply himself.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may become verbally/physically aggressive towards others. Staff will direct/assist Eli to safe location to calm down. Important to NOT tell Eli to "calm down" or tell him "NO" Eli needs space to himself - staff support</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

**Important to:** Environment Quiet and calm. Be as independent as possible. Wear his headphones during the day - Eli has his fidget.

**Important for:** environment calm and quiet as possible. He is given time to process and that he is given space when needed. encouraged to participate in PAI activities throughout the day.

**Likes:** music, movies, iPads, fidgets, books, computers and going for walks.

**Dislikes:** Does not like vegetables only corn & potatoes, fruit except grapes and apples, loud noises, yelling, being rushed or a lot of talking.

**Communication Style:** short verbal phrases, body language, facial expressions.

**Learning Style:** Modeling, observation, verbal prompts





# Competency Tracking Form

Participant: ZACH WESTON

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
		John Gebhardt
		<del>Andrea Green</del>
		Jess Gunderson
5-8-23	SG	Sandy Greenly
		<del>Montserrat Hernandez</del>
		Nikki Kereluk
		Kennedy Norwick
		Dan Popp
		Renee Schmidt
		Nancy Snyder
		Dolly Stein
		Donna Storm
		Cindi Stucky

Date Completed	Initials	Full Name
		Dave Turner
		Anna Wrich
		Doua Yang
		Dainaja Ranson
		Pamela Davis
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
4/24/23	TB	Tyler Bongard
4-27-23	KP	Kathy Perry

Date Uploaded to LMS: \_\_\_\_\_



Staff: Anna Wrich  
 Date: 4/19/2023



Service Recipient: Zach Westrum  
 Service Span: Jan 2023 – Jan 2024

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes        *Listed on MAR, only administer meds per dr. order*</span>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff ensure that Zachary's food is cut into bite-sized pieces. Staff will provide Zachary with verbal reminders to slow down and to take small bites.
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes        *Located in main file, share with EMT in emergency*</span>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;">Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes        *A trained staff will administer meds per a signed dr. order*</span>  Zachary does not take any daily medications at PAI. He does have a PRN for self-injurious behaviors. If the need did arise for Zachary's PRN to be administered, a staff trained in medication administration would administer the medication to Zachary per a signed physician's order and per his PRN protocol.
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will offer the bathroom multiple times a day. Staff can use a visual schedule/use first/then language ("first bathroom/then iPad", for example). If Zachary has an accident, staff will help him change his clothing.
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;"><input type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</span>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:  Zachary can become bothered by loud noises. Staff can offer him his headphones, use first then language with "inside voice" ("first inside voice/then iPad", for example). Staff can also offer him a quieter spot/a breakout space.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <ul style="list-style-type: none"> <li>• <b>Self-injurious behaviors:</b> If Zachary were to engage in self-injurious behaviors, staff will offer verbal cues, offer him a break and/or provide him with choices of alternative activities (i.e. break, walk, drink of water). Zachary has a PRN for self-injurious behaviors.</li> <li>• <b>Verbal/emotional aggression:</b> Zachary may screech/scream when is upset. Staff will offer verbal cues, offer him a break and/or provide him with choices of alternative activities (i.e. break, walk, drink of water).</li> </ul>





Staff: \_\_\_\_\_

Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: Jan 2023 – Jan 2024

**Unsupervised time while at PAI?**     No     Yes

Zach is able to be alone when taking a break in his “break spot” for self-regulation/quiet time/alone time. If this time for self-regulation exceeds 15 minutes, staff will check in with him periodically, every 15 minutes.

**Important to:** Movies, breaks, having choices, Snoopy, and having headphones are important to Zachary.

**Important for:** : It is important for Zachary that he recognizes when he needs to take a break. It is also important for Zachary that he is given choices and that staff give him praise for completing tasks.

**Likes:** Movies, Disney songs, Snoopy, going out to eat (Burger King), alone time

**Dislikes:** Loud noises, the dentist, drinking without a straw, not having time to process

**Communication Style:** Verbal, vocalizations, body language/facial expressions

**Learning Style:** Modeling, observation, repetition

Lead Review Completed: \_\_\_\_\_



Staff: \_\_\_\_\_



Service Recipient: Zach Westrom

Date: \_\_\_\_\_

Service Span: Jan 23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal reminders to take small bites</u> <u>Cut into bite size pieces</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protocol in mar</u> <u>PRN - Self injur Behavior</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff offer Bathroom mil</u> <u>first then language</u> <u>staff assist in changing</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bothered by loud noises - head phones</u> <u>offer quiet space / Breakout room</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injur behaviors</u> <u>Verbal aggression PRN</u> <u>offer choices</u> <u>Water snack</u> <u>break</u> <u>deep pressure</u> <u>head</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff will check on him periodically</u> <u>alone in break stop up to 15 min</u>	
<b>Important to:</b> <u>Movies</u> <u>Break choices</u> <u>stooopy</u> <u>head phones</u>		
<b>Important for:</b> <u>recognized when need break</u> <u>choice</u> <u>and praise</u>		
<b>Likes:</b> <u>Movies</u> <u>Disney</u> <u>alone time</u> <u>out to eat</u>		
<b>Dislikes:</b> <u>Loud noise</u> , <u>drinking w/o stre</u>		
<b>Communication Style:</b> <u>verbal</u> <u>body language</u> <u>vocalizing</u>		
<b>Learning Style:</b> <u>Modeling</u> <u>repetition</u> <u>observation</u>		



Staff: Ashley Snyder  
 Date: 4-19-23



Service Recipient: Zach Westrum  
 Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pcs - slow down - take small bites</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN - self injury procedures</u> <u>Staff will assist</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer bathroom multiple times a day - Staff assists with accidents</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>loud noises, wears headphones, "inside voice", offer quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>- offer hands - deep pressure</u> <u>self injury - staff use verbal cues, take a break</u> <u>PRN ↑, scream when upset " " walk</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>alone in break spot = 15 minutes</u>	
<b>Important to:</b> <u>movies, breaks, choices, Snappy, Headphones.</u>		
<b>Important for:</b> <u>choices, praise for completing tasks</u>		
<b>Likes:</b> <u>movies, Disney songs, Burger King, alone time</u>		
<b>Dislikes:</b> <u>loud noises, dentist, not having time to process</u>		
<b>Communication Style:</b> <u>verbal, vocalizations, body language</u>		
<b>Learning Style:</b> <u>modeling observation &amp; repetition</u>		



Staff: Lindsay Carlson  
 Date: 4/19/23



Service Recipient: ZACH WESTROM  
 Service Span: 1/23-1/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized pieces, verbal reminders to slow down - take small bites	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN for self-injurious behaviors - PROTOCOL IN MAR	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer bathroom multiple times a day; "first then" language	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: loud noises (offer headphones), first then language, sensory room	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: self-injurious behaviors -> verbal cues, break, alternative options; verbal/emotional: scream when upset	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: when taking break in "break spot" -> 15 min	
<b>Important to:</b> movies, breaks, choices, snooty, headphones		
<b>Important for:</b> recognizes need of break, choices, praise for completing tasks		
<b>Likes:</b> movies, disney songs, alone time, going out to eat		
<b>Dislikes:</b> loud noises, dentist, drinking w/o straw, no time to process		
<b>Communication Style:</b> verbal, body language, vocalizations		
<b>Learning Style:</b> modeling, observation, repetition		



Staff: \_\_\_\_\_



Service Recipient: Zachary Westrum

Date: \_\_\_\_\_

Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff ensure that Zach's food is cut into bite sized pieces. Staff will provide Zach with verbal reminders to slow down and take small bites</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>He does have a PRN for self injerous behaviors</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer the bathroom many times during the day</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Zach can be bothered by loud noises</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Zach is able to be alone in his break spot 15 min</u>	
<b>Important to:</b> <u>movies, breaks, having choice, Snoopy, and having headphones</u>		
<b>Important for:</b> <u>movies, breaks, Snoopy, headphones</u> <u>Praises for completing task alone time</u>		
<b>Likes:</b> <u>Movies, Disney songs, Snoopy, going out to eat, alone time</u>		
<b>Dislikes:</b> <u>Loud noises, the dentist, drinking w/o straw, Not having time</u>		
<b>Communication Style:</b> <u>Verbal, vocalizations, body language, Facial expression</u>		
<b>Learning Style:</b> <u>Modeling, repetition, observation</u>		

Lead Review Completed: \_\_\_\_\_



Staff: Pam Davis



Service Recipient: Zachary Westrom

Date: 4/19/23

Service Span: Jan 23 - Jun 24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff ensure that zac's food is cut into late size pieces & to slow down and take small bites Verbal	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: (in the MAR)	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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff offers bathroom throughout the day, verbal reminders - if needs assistance Changing staff <sup>can assist</sup>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Zac can be bothered by loud noises offer head phones; inside voice; offer sensory room	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: self injurious behaviors offer break; verbal cues; choices	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Able to be alone in breakspot up to 15 mins	
<b>Important to:</b> movies; breaks; snopy; headphones; alone time		
<b>Important for:</b> recognizes, choices, praise for completing task; alone time		
<b>Likes:</b> movies disney movies; head phones		
<b>Dislikes:</b> loud noises drinking w/o straw; not having enough time		
<b>Communication Style:</b> verbal; facial expressions; body language		
<b>Learning Style:</b> modeling - repetition; observation		



Staff: Dana Yang



Service Recipient: Zachary Westrum

Date: 4-19-23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff ensure zachary's food is cut bite-sized pieces, verbal reminders to slow down / small bites.</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for self injurious behavior protocol in MAR</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>offer bathroom multiple times of day accident → staff assistance.</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>bothered by loud noises, offer headphones than language. verbal ("inside voice")</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-injurious behavior verbal cues, offer space scream, screech → verbal cues</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>be alone taking a break self-resolution → 15 mins</u>	
<b>Important to:</b> <u>movies, breaks, choices, snopy, headphones</u>		
<b>Important for:</b> <u>recognizes when he needs break, choices, praise</u>		
<b>Likes:</b> <u>movies, disney movies, snopy, going out to eat, alone time</u>		
<b>Dislikes:</b> <u>loud noises, dentist, drinking w/o straw, not having time to process</u>		
<b>Communication Style:</b> <u>verbal, vocalizations, body language / facial expressions</u>		
<b>Learning Style:</b> <u>modeling, observation, repetition</u>		



Staff: Dave Turner



Service Recipient: Zachary Westburn

Date: 9/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff ensure that Zach's food is cut into bite sized pieces. Verbal reminders slow down + smaller bites.	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He does have PRN for self-injurious behaviors.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will offer bathroom - offer says no. Staff use visual tools. IF Zach has accident he will help change clothes.	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Zach is bothered by loud noises. Offer headphones, break out space.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self-injurious behaviors. Staff will offer verbal cues, PRN is for SIB. Emotional aggression - staff offer choices. Deep pressure.	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Zach is able to be alone 15 minutes in break out spaces.	
<b>Important to:</b> Movies, breaks, choices, snoop, headphones		
<b>Important for:</b> Recognizes need for break, choices (offer)		
<b>Likes:</b> Movies, Disney, Snoopy, going out to eat		
<b>Dislikes:</b> Loud noises, dentist, drinking without a straw, etc.		
<b>Communication Style:</b> Verbal, vocalizations, body language/facial expression		
<b>Learning Style:</b> Modeling, observation, repetition		



Staff: Cindy Stucky  
 Date: 4-19-23



Service Recipient: zach westrum  
 Service Span: Jan 23-24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small size pieces, Slowdown when eating</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prn - self injurious behaviors</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff offer bathrm</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>botherd by loud noises - use headphones offer quiet space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self injurious behaviors verbal / emotional aggression</u>	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>15 min. - staff check on him</u>	
<b>Important to:</b> <u>movies, breaks, Snoopy, headphones</u>		
<b>Important for:</b> <u>recognize when he needs breaks</u>		
<b>Likes:</b> <u>movie, going out to eat, alone time</u>		
<b>Dislikes:</b> <u>loud noises, dentist, not having time to process</u>		
<b>Communication Style:</b> <u>verbal, body</u>		
<b>Learning Style:</b> <u>modeling, observation</u>		



Staff: John Gebhardt



Service Recipient: Zach Westrom

Date: 4-19-23

Service Span: Jan '23 - Jan '24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff ensure that food cut to bite sizes Eat slow and small bites when eating	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a PRN for SIB. Trained staff follow protocol.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer him to use bathroom several times daily, staff assist when changing	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: offer headphones, Quiet Space Use "First, Then" Language	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Has SIB staff use verbal cue screams/offer alternative choices.	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: He is able to be alone in his break space for 15 minutes.	
<b>Important to:</b> Head phones, Snoopy, His space.		
<b>Important for:</b> Zachary to recognize when he needs a break and given choices		
<b>Likes:</b> Movies, Disney songs, Snoopy, McDonald's, Culvers		
<b>Dislikes:</b> Not having time to process, Drinking with Nostran		
<b>Communication Style:</b> Verbal, Facial expressions Body Lang		
<b>Learning Style:</b> Modeling, Repetition, Observation		



Staff: Donna Storm

Date: 4-19-23



Service Recipient: Zach

Service Span: Jan 23-24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Slow down eat small bits	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN - (mar)	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer bathroom if an accident staff assist to change clothes	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Bothered by loud noises in side voice - sensory room	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self injury behavior provide choices for distractions namels or head presser	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: taking a break in spot 15 min check on	
<b>Important to:</b> movies breaks snoops headphones Choices		
<b>Important for:</b> Recognizes himself need a break choices		
<b>Likes:</b> movies going out to eat		
<b>Dislikes:</b> Loud noises drinking w/o straw		
<b>Communication Style:</b> verbal body/facial vocalization		
<b>Learning Style:</b> modeling repetition		



Staff: Daniel P



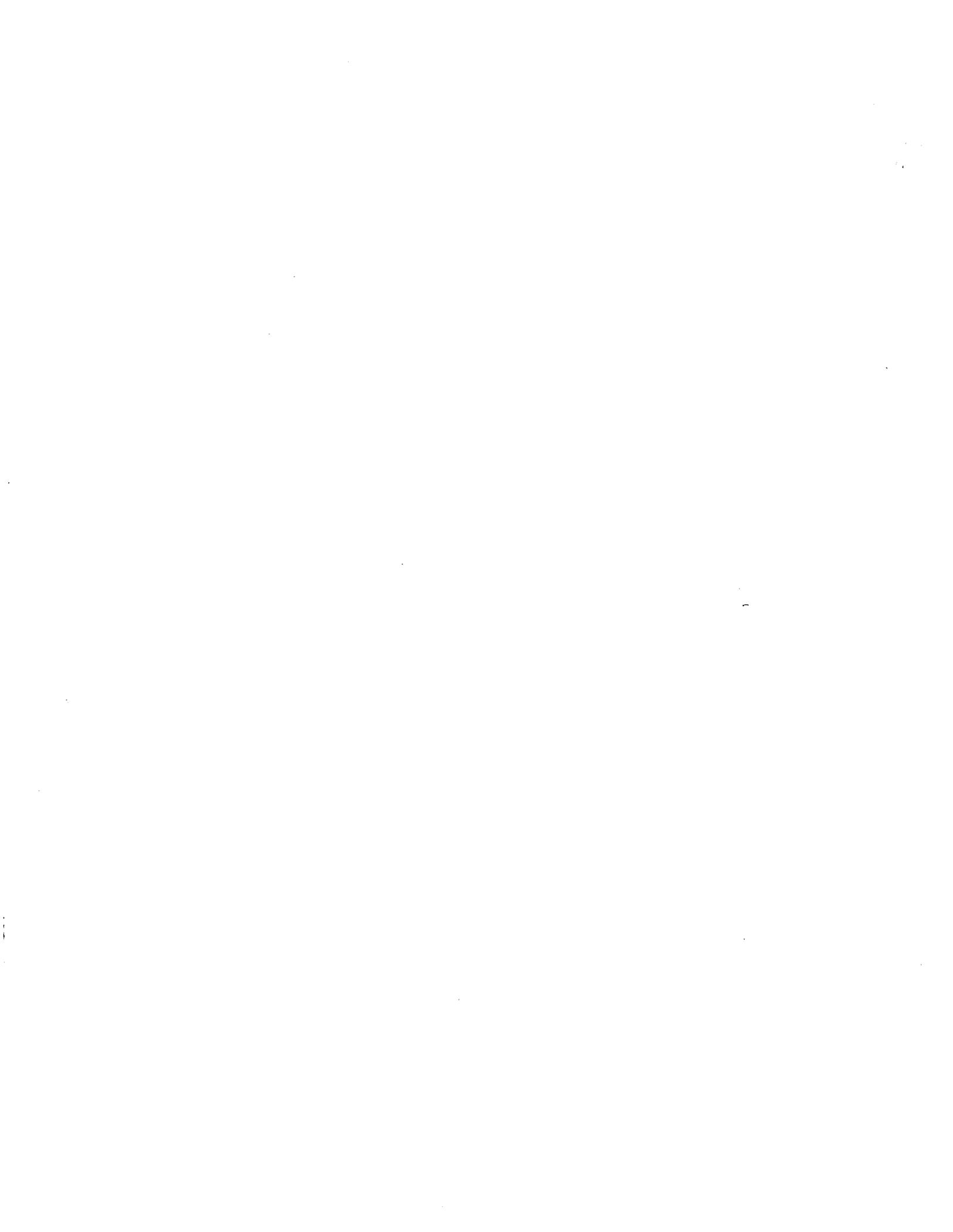
Service Recipient: Zachary W

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut into bite size pieces Verbal reminders to slow down and take small bites	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has PRN for S.I.B. Trained staff will administer if needed	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff offer bathroom sometimes use visual schedule May need help changing if wet	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: can be bothered by loud noises. Use "First, Then" language. Noise cancelling earphones and uses sensory room	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: S.I.B. staff offer verbal cues Verbal and emotional aggression. Will scream when upset	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Zach is able to be alone when taking break in break spot for up to 15 minutes	
<b>Important to:</b> movies, breaks, having choices		
<b>Important for:</b> recognizes when he needs breaks, given choices		
<b>Likes:</b> Movies, Disney songs, Snoopy, going out to eat		
<b>Dislikes:</b> loud noises, the dentist, drinking without a straw, and not having time to process		
<b>Communication Style:</b> Verbal, vocalizations, body language, facial expression		
<b>Learning Style:</b> modeling, observation, repetition		



Staff: Kathryn Stein



Service Recipient: Zach Westrum

Date: 4/19/23

Service Span: 1/2023-1/2024

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Bite sized pieces, verbal reminders to slow down/take small bites
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN- for self-injurious behaviors  Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff offer bathroom multiple times a day. Staff assist if he has an accident
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Bothered by loud noises - uses headphones, first/then language, staff offer break out space
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self-injurious behaviors - staff offer a walk, break, snack PRN - staff offer alternative activities
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: up to 15 mins
<b>Important to:</b> movies, breaks, choices, Snoopy, headphones	
<b>Important for:</b> breaks, choices, praise for completing tasks	
<b>Likes:</b> movies, disney songs, alone time, fast food	
<b>Dislikes:</b> Loud noises, dentist, not having a straw, not having time to process	
<b>Communication Style:</b> verbal, vocalizations, body language, facial expressions	
<b>Learning Style:</b> Repetition, modeling, observation	



Staff: Nikki Kevetuk



Service Recipient: Zach Westrum

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size - "slow down, small bites"	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no daily. PRN @ for SIB. protocol in MAR.	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: offer bathroom. first/then language staff assist w/ changing	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: loud noises – headphones "inside voice" offer quiet space	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - hits head. verbal cues. offer break or choices. PRN. (may screech/stream) offer choices	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: alone in break spot → 15 minutes	
<b>Important to:</b> movies, breaks, choices, snappy, headphones		
<b>Important for:</b> recognizes break time, choices, praise.		
<b>Likes:</b> movies, disney, snappy, out to eat, alone time		
<b>Dislikes:</b> loud noises, dentist, drinking w/out a straw, no process time.		
<b>Communication Style:</b> verbal / vocals / body language / facials		
<b>Learning Style:</b> model / observe / repeat		



Staff: TYLER BONGARD



Service Recipient: ZACHARY W.

Date: 4/24/23

Service Span: APRIL '22 - APRIL '23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: CUT FOOD BITE SIZE. PROVIDE ZACH W/ VERBAL REMINDERS TO SLOW DOWN & TAKE SMALL BITES	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO DAILY MED - HAS PRN FOR SELF-INJURING BEHAVIORS. TRAINED STAFF ADMINISTER PRN ACCORDING TO PROTOCOL & PHYSICIAN'S ORDER	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: OFFER BATHROOM MULTIPLE TIMES A DAY. VISIT SCHEDULE OR "FIRST, THEN" (FIRST BATHROOM, THEN IAD). HELP CHANGE CLOTHING IF HE HAS AN ACCIDENT.	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: CAN BECOME BOTHERED BY LOUD NOISES. STAFF CAN OFFER HIM HEADPHONES, USE FIRST/THEN USING "INSIDE VOICES". STAFF CAN OFFER A QUIETER SPOT/BREAKOUT SPACE	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: S.I. BEHAVIORS - OFFER VERBAL CUES, OFFER HIM A BREAK OR CHOICES OF ALTERNATIVE ACTIVITIES. HAS PRN FORS. 1 BEHAVIORS - VERBAL/EMOTIONAL AGGRESSION - MAY SCREECH/SCREAM. OFFER VERBAL CUES	
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: ABLE TO BE ALONE WHEN TAKING A BREAK FOR SELF-REGULATION. IF OVER 15 MIN, CHECK ON HIM EVERY 15 MIN.	
<b>Important to:</b> MOVIES, BREAKS, HAVING CHOICES, SNOOPY & HAVING HEADPHONES. (FOR HIM TO)		
<b>Important for:</b> RECOGNIZE WHEN HE NEEDS TO TAKE A BREAK. TO BE GIVEN CHOICES & PRAISE FOR COMPLETING TASKS.		
<b>Likes:</b> MOVIES, DISNEY SONGS, SNOOPY, GOING OUT TO EAT (B.K.) ABOVE TIME		
<b>Dislikes:</b> LOUD NOISES, DENTIST, DRINKING W/OUT STRAW, TIME TO PROCESS NOT HAVING TIME TO PROCESS		
<b>Communication Style:</b> VERBAL, VOCALIZATIONS, BODY LANGUAGE/FACIAL EXPRESSIONS		
<b>Learning Style:</b> MODELING, OBSERVATION, REPETITION		



Staff: Kathy Perry



Service Recipient: Zach Westrum

Date: 4-27-23

Service Span: \_\_\_\_\_

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized. Remind to slowdown + take small bites</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None @ PAI. PRN for self injuries behav. If needs PRN staff trained in med admin</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Offer BK several times a day. If has accident staff assist. Can use usual schedule. use first/then language</u>	
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <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	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Bothered by loud noises - offer headphones use first/then language with "inside voice" offer quieter spot/breakout space</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - offer verbal cues, breakout space + choices of act PRN if needed. Verbal/emotional aggression - may screech/scream when upset offer verbal cues/choices of alternative act.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to be alone in breakout room for self regulation/quiet time/alone time. Staff should check on him every 15 min.</u>	
<b>Important to:</b> <u>movies, breaks, choices, Snoopy, Headphone important for/to him.</u>		
<b>Important for:</b> <u>that he recognizes need for break, choices - Arouse for completing tasks</u>		
<b>Likes:</b> <u>movies, Disney songs, Snoopy, out to eat (Burger King) alone time</u>		
<b>Dislikes:</b> <u>loud noises, dentist, drinking without a straw not having time to process</u>		
<b>Communication Style:</b> <u>verbal, vocalizations, body language/facial expressions</u>		
<b>Learning Style:</b> <u>modeling, observation, repetition</u>		



Staff: Sarah Greenly  
 Date: 5-8-2023



Service Recipient: Zachary Watson  
 Service Span: 01-23-01-24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff cut up Zach's food into bite size pieces, and also monitor &amp; remind him to eat slow</u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:  DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>With PRN - Zach can swallow pill-form with glass water, staff will dispense meds when he's displaying self injury behaviors</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will offer bathroom - If Zach has accident staff will help Zach change his clothing</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Zach becomes bothered by loud noises. staff can offer head phones. use first inside voice/ipad :- offer a quiet spot for him to rest</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:  <u>?</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self injuries behaviors - staff will offer verbal cues, walk, break, drink of water. Zach may scream when upset after him quiet place</u>
<b>Important to:</b> <u>Zach able to take break on his own</u>	
<u>movies, breaks, having choices, snappy, having head phones</u>	
<b>Important for:</b> <u>him to recognize he needs a break! He is given choices, and staff praising him on completing tasks</u>	
<b>Likes:</b> <u>movies, Disney songs, snappy, going out to eat, alone time</u>	
<b>Dislikes:</b> <u>Loud noises, the dentist, drinking w/o a straw, not having time to process.</u>	
<b>Communication Style:</b> <u>Verbal, vocal, body language, facial expressions</u>	
<b>Learning Style:</b> <u>Modeling, observation, repetition.</u>	





# Competency Tracking Form

Participant: April Merennes

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
		John Gebhardt
		<del>Andrea Green</del>
		Jess Gunderson
5-16	SG	Sandy Greenly
		<del>Monserrat Hernandez</del>
		Nikki Kereluk
		Kennedy Norwick
		Dan Popp
		Renee Schmidt
		Nancy Snyder
		Dolly Stein
		Donna Storm
		Cindi Stucky

Date Completed	Initials	Full Name
		Dave Turner
		Anna Wrich
		Doua Yang
		Dainaja Ranson
		Pamela Davis
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
4/24/23	TP	Tyler Bongard
4-27-23	KP	Kathy Perry

Date Uploaded to LMS: \_\_\_\_\_



Staff: Kathryn Stern  
 Date: 4/19/23



Service Recipient: April Merceness  
 Service Span: Jan 23 to Jan 24

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes        *Listed on MAR, only administer meds per dr. order*</span>  April is allergic to the Pertussis vaccine, Septra, Sulfa drugs and Valium. Staff are trained on April's allergies.
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: April had previously been seizure-free since 1995, however, in 2015 she was hospitalized for uncontrolled seizure activity. Getting water in her ears and NutraSweet <i>may</i> trigger seizures. During April's seizures, she may be able to talk and carry on a conversation. When having a seizure, she has left arm movement and her head turns to the left. Staff are aware and trained on April's seizure protocol.
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>uses straw</i>	Describe Supports: April is on a regular diet, however, staff will cut meats and hard foods into nickel-sized pieces. April uses her right hand to feed herself and to drink. Staff will place April's cup (mug or a cup with a straw) to her right side. Some days April may require additional support for eating and drinking due to lack of strength. Staff will not give April NutraSweet as it <i>may</i> trigger seizures.
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <span style="float: right;">DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes        *Located in main file, share with EMT in emergency*</span>  April may become constipated and may have pain and discomfort. Staff encourage April to drink water throughout the day and will report any BM's in her communication book. Staff take April to the bathroom daily and ask her to "work her magic" (per her mother).
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;">Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes        *A trained staff will administer meds per a signed dr. order*</span>  April has a PRN medication at PAI for seizures. If the need did arise for her to take her PRN, a staff trained in medication administration would administer the medication to April per a signed physician's order/seizure protocol.
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: April requires full support in the bathroom (Arjo).
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will secure April's lap belt when April is in her wheelchair. Staff will offer verbal cues or physical assistance when April has difficulty seeing obstacles and doorways. Staff will notify her guardian of any injury. Staff will drive April's power chair for her when near curbs, hills or when in crowded areas. April's chair is switched into the "off position" to avoid accidental movement. Staff will use an Arjo lift to transfer April to the toilet. Staff will be aware that April's knees may buckle if she stands for too long. They will keep her safety straps on.
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <span style="float: right;"><input type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</span>  Staff will redirect April if she were to make inappropriate comments to tries to touch people he does not know.
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:



Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_Jan 23 to Jan 24

**Behavior Support:**

No  Yes

List & Describe Supports:

- **Inappropriate interactions with others:**
  - **Day Support Services; Prevocational Services:** April is very social and enjoys talking and spending time with others. April is not always able to discern what topics are appropriate to talk about with strangers. In the past she has discussed bodily functions and private information to others. Staff support April by remaining within visual range of her throughout the day and in auditory range when she is talking with someone new or unfamiliar. Staff will help to ensure that the topics are appropriate. Staff may ask her to “change the topic” or tell her that it is “not appropriate”. Staff may suggest another, more appropriate topic or ask April to “choose something else to talk about.” If April continues to talk inappropriately, staff will ask her if she would like to go for a walk to another area of the program room or building or ask the individuals near her to move.
- **Verbal/physical aggression:**
  - **Day Support Services; Prevocational Services:** April may not always be gentle when she is feeling discomfort or distress. She may cry, yell, swear, bite, pull hair or scratch as a way to communicate with others that she is in pain or upset. Staff support April by asking her to “use your words” to talk about what she is feeling and how to appropriately express those feelings. Staff will try to eliminate the source of her frustration and/or ask April if she would like to go to another area to “calm down”. Staff may also offer alternative suggestions for how to better interact with others or how to “apologize” if April would like. If April appears about to aggress, (holds hand towards other person, grabs items to throw), staff will verbally remind April to have “nice or safe hands”. Staff will step between April and the other person, or they will carefully block her attempt with a flat hand.

**Unsupervised time while at PAI?**  No  Yes

**Important to:** family, music, humor, preferred staff, friends, being included, socializing and singing

**Important for:** re-direction when talking about fixated interests, respecting her choices, socializing, appropriately interacting with others

**Likes:** April likes being around friends and preferred staff, socializing, being funny/joking around, coloring and singing

**Dislikes:** April does not like when she has to say goodbye to someone, bathroom issues, and when she is told what to do.

**Communication Style:** Verbal

**Learning Style:** Observation, modeling, repetition, hand-over-hand as needed

Lead Review Completed: \_\_\_\_\_



Staff: Rene Schmidt  
 Date: 4/21/23



Service Recipient: April Mercedes  
 Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Pertussis vaccine, Septra, sulfa drugs, Valium.	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> Previously seizure-free since 1995. 2015 was hospitalized for uncontrolled seizure activity. Nutra'sweet/water in her ears may cause seizures. During seizure her left arm movement head turns left	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Food cut up into nickles size pieces. Used right to hold self cup to right side uses straw. Staff will not give Nutrasweet trigger seizure	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> may become emsipated and uncomfortable. Staff encourage to drink water report BM in communications. Staff left April to work her magic	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> PRN - Seizures - Back Pack 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>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> April requires full support (ARJO)	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Lap belt while in wheelchair. chair on off position. Verbal cues or physical assistance with objects and pathways	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Redirect if she makes inappropriate comments or tries to touch people. she doesn't know <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Cry screaming swearing. Verbal prompt to engage in appropriate conversations	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> none	
<b>Important to:</b> socializing, family music humor Preferred staff, friend being includes singing		
<b>Important for:</b> redirection when talking about fixated interests her choices appropriate interaction w/ others socializing		
<b>Likes:</b> around friends, preferred staff, socializing being funny/ joking coloring singing		
<b>Dislikes:</b> saying goodbye bathroom issues When shes told what to do		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Observation, modeling, repetition hand overhand cis. needed		



Staff: Money Snyder  
 Date: 4-19-23



Service Recipient: April Morenes  
 Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <del>None</del> some meds	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: History of seizures, left arm movement head to left, on talk	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nickel 52 pcs, uses straw / cup to right side	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: encourage to drink water constipation	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN for seizures (in backpack)	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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in bathroom w/ arjo	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chair into off position to avoid movement	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Redirect inappropriate behaviors	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ensure topics are appropriate - Verbal prompts from staff	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> family, music, humor, friends, singing		
<b>Important for:</b> redirection or fixated <del>areas</del> , socializing, interests		
<b>Likes:</b> friends, staff, being funny, coloring, singing		
<b>Dislikes:</b> saying goodbye, being told what to do		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> observation, modeling, repetition, hand over hand		



Staff: Lindsay Carlson  
 Date: 4/19/23



Service Recipient: April Mercedes  
 Service Span: 4/23-4/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Pertussis → medication allergies, staff trained	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: history of seizures → water in ears = Mavisweet left arm movmt, head to left, can talk triage	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: meat/hard food in nickel-sized pieces uses a straw → cup placed on R side	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: constipation - encourage her to drink water	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN for seizures → in backpack	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in bathroom w/ ARJO	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: switch chair into "off" to avoid movmt	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: redirect if making inappropriate conversation	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal prompts to engage in appropriate conversation	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

**Important to:**  
 family, music, humor, friends, preferred staff, being included, singing

**Important for:**  
 redirection for fixated interests, respecting choices, socializing, appropriate interactions

**Likes:**  
 around friends, preferred staff, socializing, singing, playing

**Dislikes:**  
 saying goodbye, bathroom issues, when told what to do

**Communication Style:**  
 Verbal

**Learning Style:**  
 observation, modeling, repetition, hand over hand  
 as needed



Staff: Dainaja Ransom



Service Recipient: April McKenness

Date: 9/19/23

Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Pertussis vaccine, Septra, Sulfu drugs, and Valium</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Been seizure free since 1995. In 2015 she hospitalized for uncontrolled seizure activity. getting water in her ears or NutraSweet may trigger seizure</u>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <u>uses straw</u>	Describe Supports: <u>Staff will cut meats and hard foods into nickel-size &amp; pieces. uses her right hand to feed herself staff will not give April NutraSweet as it may trigger seizures</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Medication @ PAI for seizures</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires full support in the bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>April's chair is switched into the off position to avoid accidental movements</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will redirect April if she were to make inappropriate comments to tries to touch people she does not know.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff supports April by staying in range. Staff stays in and out of range when speaking. Staff will redirect her</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>Family, Music, humor, preferred staff, Friends being included, socializing, singing</u>		
<b>Important for:</b> <u>redirection when talking about fixate &amp; interests, respecting her choices socializing, appropriately, interacting w/others</u>		
<b>Likes:</b> <u>April likes being around friends and preferred staff, socializing being funny/ jokes around, coloring, singing</u>		
<b>Dislikes:</b> <u>April does not like when she has say goodbye to someone, bathroom issues, and when she is told to do something</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation, modeling, repetition, hand-over-hand as needed</u>		



Staff: Pam Davis



Service Recipient: April Merene SS

Date: 4/19/23

Service Span: Jan 23 - Jan 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Pertussis vaccine, Septra, sulfa drugs and Valium	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Been seizure free since 1995. in 2015 she hospitalized for; During seizures she may be able to talk <sup>has left arm movement also</sup>	
<b>Choking/ Uses Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Staff will cut meat and hard food into <sup>1/2 inch</sup> size pieces, right hand to feed her self. Staff will not give April Nutra Sweet as it may trigger seizures	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: S	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN - for seizures	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full support in the bathroom	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: April's chair is switched into the 'off' position to avoid accidental movements	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will redirect April if she were to make inappropriate comments to tries to touch ppl she does not know.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (verbal redirections)	List & Describe Supports: Staff support April by remaining w/in visual range of her throughout the day in auditory range when she is talking to someone new or unfamiliar staff will help	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> Family, music, humor, preferred staff, fren being included, socializing singing		
<b>Important for:</b> redirect when talking about fixated interest, respect her choices, socializing appropriately interacting w/others		
<b>Likes:</b> April likes being around friends and preferred staff, coloring, socializing being funny, taking around singing		
<b>Dislikes:</b> April does not like when she has say goodbye to someone bathroom issues and when she is told to do something		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Observation, modeling repetition hand-over hand as needed.		



Staff: Doua Yang



Service Recipient: April Mrenness

Date: 4-19-23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Allergic to pertussis vaccine. medication allergies.</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>history of seizures. water in ears + Nutra can trigger. left arm movement, head turned to left.</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>nickle sized pieces. uses straw to drink. cup to right side.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation, encourage to drink water</u>	DNR/DNIR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizures (in backpack)</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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support w/ arjo</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chair switched to off to avoid accidental movement. staff drive her wheel chair.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff redirect when touching people? inappropriate comments</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ensure topic is appropriate. verbal prompts to engage in appropriate conversations.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>family, music, humor, preferred staff, friends, singing, socializing</u>		
<b>Important for:</b> <u>redirection about fixated interests, socialization, respecting choices, approp. interacting w/others</u>		
<b>Likes:</b> <u>friends, preferred staff, socializing, funny, joking around, singing, coloring</u>		
<b>Dislikes:</b> <u>goodbye to someone, bathroom issues, told what to do</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation, modeling, repetition, hand-over hand, as needed</u>		



Staff: Dave Toland



Service Recipient: April Mercedes

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> April is allergic to some medications	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> Hx of seizures - water in ear + nutria-sweet could trigger seizures (seizures head will turn left)	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Nickel size pieces + April uses straw + place cup to right side of tray.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> constipation (prompt to drink water)	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> April has PRN for seizures Med is in backpack.	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Requires full support in bathroom with R-Do.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> switch April's chair to off-position to avoid random movement. We drive w/c outside.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Will make inappropriate comments in community.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Staff will remain in visual range. Staff may need to redirect when conversation is inappropriate to appropriate conversation.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> Family, music, humor, preferred staff, friends, being included, socializing, singing		
<b>Important for:</b> Redirection, Respecting her choices, Appropriate Conversations, Appropriate interactions with others.		
<b>Likes:</b> Friends, preferred staff, joking around, coloring, singing.		
<b>Dislikes:</b> Does not like to say goodbye, bathroom issues, & being told what to do		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Modeling, observation, repetition, hand over hand		

left arm movement



Staff: Cindi Stucky



Service Recipient: April Mercedes

Date: 4-19-23

Service Span: Jan 23-24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <del>None</del> medication allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>History of seizures</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut into little size pieces</u> <u>uses straw - cup on right side</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation - drink water</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has prn for seizure</u> <u>prn in back pack</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requires full support in bathrm</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>put Chair in "off" mode</u>	
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>redirect inappropriate comments</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verbal prompts -</u> <u>topics are appropriate.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>family, music, humor, friends</u> <u>singing, being included</u>		
<b>Important for:</b> <u>Redirection on fixated interests</u> <u>appropriate interactions</u>		
<b>Likes:</b> <u>friends, socializing, joking</u> <u>coloring, singing</u>		
<b>Dislikes:</b> <u>Goodbyes - bathrm issues - told what to do</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>observation - modeling - rep - hand over hand</u>		



Staff: John Gebhardt



Service Recipient: April M

Date: 4/19/23

Service Span: 1/23-1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Allergy To Pertussis vaccine, and sulfa drugs.	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> History of seizures since 2015 Has left arm movement/Head Turns Left.	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> staff cut Foods to Nickel Size uses 9 straw cup on Right side.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> History of constipation Encourage Her to drink water	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Has PRN for seizures	<b>Daily medication at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Full Staff Support with Arjo Lift	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Make sure she is buckled in and to navigate any obstacles	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Redirect her if she gets inappropriate.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Occasional inappropriate conversing with others. Repeats a lot.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Reminding Her around any unfamiliar people and places	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No unsupervised time.	
<b>Important to:</b> Music, Humor, Preferred Staff, Singing		
<b>Important for:</b> Redirection if talking about fixated interest, Interacting with others.		
<b>Likes:</b> Her friends, Joking, Coloring and Singing		
<b>Dislikes:</b> Saying Good bye to someone, Bathroom Issues		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Observation, Modeling, Hand over Hand		



Staff: Donna Storm



Service Recipient: April Mereness

Date: 4-19-23

Service Span: Jan 23-24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: pertussis vaccine Septra Sulfa and Valium Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <del>145</del> history of seizures: nutrasweet & arm movement head to L
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut meat and hard food into nickel size cut to right side
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: constipation ↑ increase to drink water PNR - in back PK Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full support in bathroom w/ R Joe
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: chair in off to not move unexpectedly independently when she can
<b>Community Support:</b> <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
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal prompts to engage in appropriate topics.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 0
<b>Important to:</b> family music preferred staff socializing	
<b>Important for:</b> Redirection respecting her choices socializing appropriate	
<b>Likes:</b> friends preferred staff coloring sing	
<b>Dislikes:</b> to say good bye. told what to do	
<b>Communication Style:</b> verbal	
<b>Learning Style:</b> observation modeling repeat hand over hand as needed	



Staff: Daniel P



Service Recipient: April M.

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Allergic to certain medications	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Describe Supports:</b> Nutra sweet and water in ears are possible causes. Head turns to left and left arm moves	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Food cut into nickel size pieces. Also uses straw on right side of tray	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Constipation. Encourage to drink water	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Has PRN for seizures	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> requires full support in bathroom with Arjo	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Uses wheelchair. Make sure she avoids obstacles	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Staff will redirect April if talking about inappropriate things	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Staff will offer verbal prompts to engage in appropriate conversation	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b>	
<b>Important to:</b> family, music, humor, friends, socializing, singing		
<b>Important for:</b> redirection when fixated, respecting choices, socializing		
<b>Likes:</b> being around friends and preferred staff, socializing, joking around, coloring		
<b>Dislikes:</b> saying goodbye, having bathroom issues		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> observation, modeling, repetition, H.O.H as needed		



Staff: Anna Wrich



Service Recipient: April Mereness

Date: 4/19/2023

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Pertuisus.	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: seizure free since 1995 water in ears - Nutra Sweet may be triggers Head turns to @ - @ arm movement	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: meat - nickel size. cup w/ straw - cup on (2)	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipation. Encourage water.	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN for seizures kept in back pack.	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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in Arjo.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: turn chair off when not moving. Verbal cues when she's driving.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: redirect if touching PPI.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: may be inappropriate "change topic" Verbal cues to be appropriate. May swear.	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	
<b>Important to:</b> family, humor, friends, music, singing.		
<b>Important for:</b> redirection when fixating. socializing.		
<b>Likes:</b> friends, socializing, joking, coloring, singing.		
<b>Dislikes:</b> saying goodbye. bathroom issues.		
<b>Communication Style:</b> Verbal.		
<b>Learning Style:</b> observation. modeling. hand/hand		



Staff: Nikki Kenechuk



Service Recipient: April Mercedes

Date: 4/19/23

Service Span: 1/23 - 1/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: pertussis <del>and</del> , su/fa	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: seizure free 1995 → 2005 hospitalized water in ears, fake sugar * left arm/head turn	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: nickle size pieces. cup w/ straw (right side)	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: constipation - drink water	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN - backpack	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support - Arjo	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: off position self-propel make sure avoid obstacles staff drive outside or in community	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: redirection	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <del>with supervision</del> mod	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal prompts to engage appropriate convos redirect cry, yell, swear, bite	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none	
<b>Important to:</b> family, music, humor, friends, inclusion, socializing, singing.		
<b>Important for:</b> redirection, respecting choice, socializing, appropriate interactions		
<b>Likes:</b> friends, staff jokes, coloring, singing.		
<b>Dislikes:</b> when saying goodbye, bathroom issues, told what to do		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> observe / model / repeat / <u>hand</u> <span style="margin-left: 400px;">hand</span>		



Staff: TYLER BORGARD



Service Recipient: APRIL M.

Date: 4/24/23

Service Span: APRIL '22 - APRIL '23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> ALLERGIC TO PERTUSSIS VACCINE, SEPTA, SULFA DRUGS & NATIUM	<b>Medication Allergies?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A LEFT ARM	<b>Describe Supports:</b> PREVIOUSLY SEIZURE FREE SINCE '95 - HOSPITALIZED 2015 FOR UNCONTROLLED SEIZURE ACTIVITY. DURING SEIZURE - MOVEMENT, HEAD TURNS TO LEFT. WATER IN EARS MAY TRIGGER.	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ADDITIONAL SUPPORT DUE TO LACK OF STRENGTH. NO NUTRASWEET	<b>Describe Supports:</b> REGULAR DIET - MEAT & HARD FOODS CUT NICKEL SIZE. PLACE CUP TO RIGHT SIDE. MAY REQUIRE ADDITIONAL SUPPORT DUE TO LACK OF STRENGTH. NO NUTRASWEET	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> MAY BECOME CONSTIPATED & HAVE PAIN/DISCOMFORT. ENCOURAGE TO DRINK & COMMUNICATE BMS IN COMMUNICATION BOOK.	<b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> PRN FOR SEIZURES - ADMIN PER SIGNED PHYSICIANS ORDER/SEIZURE PROTOCOL.	<b>Daily medication at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> REQUIRES FULL SUPPORT IN BATHROOM (ARJO)	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> SECURE LAP BELT WITEN IN CHAIR. SAFETY STRAPS ON. CHAIR OFF WHEN NOT IN USE - WARN OF OBSTACLES	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> REDIRECT IF SHE MAKES INAPPROPRIATE COMMENTS OR TRIES TO TOUCH PEOPLE SHE DOESN'T KNOW.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> N/A	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> REMAIN NEAR APRIL WHEN SPEAKING w/ SOMEONE NEW - ENSURE TOPICS ARE APPROPRIATE/REDIRECT ENCOURAGE TO "USE YOUR WORDS" WHEN UPSET.	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> NONE	
<b>Important to:</b> FAMILY, MUSIC, HUMOR, PREFERRED STAFF, FRIENDS, BEING INCLUDED, SOCIALIZING & SINGING.		
<b>Important for:</b> REDIRECTION WHEN FOCUSING ON FIXED INTERESTS, RESPECTING HER CHOICES, SOCIALIZING, APPROPRIATELY INTERACTING WITH OTHERS.		
<b>Likes:</b> SOCIALIZING, BEING FUNNY/JOKING AROUND, COLORING & SINGING		
<b>Dislikes:</b> BATHROOM ISSUES, BEING TOLD WHAT TO DO, SAYING GOODBYE		
<b>Communication Style:</b> VERBAL		
<b>Learning Style:</b> OBSERVATION, MODELING, REPETITION, HAND OVER HAND AS NEEDED		



Staff: Kathy Perry



Service Recipient: April Merencas

Date: 4-27-23

Service Span:

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergic to Pertussis vaccine, Septra, Sulfa drugs, Valium Staff trained on allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Seizure free since 1998. Hospitalized for uncontrolled seizure act. 2018, water in ears + nutrasweet may trigger seizures. Seizure - Warm movement + head turn to (L) Has protocol	(L) Has protocol
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Peg diet - meat + hard food to nickel sized - (L) (R) hand to feed self + drink - place cup + straw on (R) side. Some cup may require assist	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: May become constipated + have pain + discomfort. Encourage to drink water Report BM's. Take to BR once a day to "work her magic"	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PCN for seizures Has seizure protocol	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full support - uses Arjo	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Lap belt in chair. Verbal + physical assist seeing obstacles + doorway. Staff drive chair near curbs, hills + crowded areas keep W/C turned off - feet safety straps - knees will buckle if stands too long	long
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff redirect if she make inappropriate comments or tries to touch people	<input checked="" type="checkbox"/> Staff will model pedestrian + stranger safety, provide transportation in the community, + provide supervision to meet health + safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: not able to discern inappropriate subjects + strangers	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Not able to discern appropriate subjects + strangers Stay in visual + auditory range - redirect as needed, suggest another topic if still inappropriate ask if she would like to go for walk. May scream, yell, swear, bite, scratch, pull hair	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: when in discomfort	
<b>Important to:</b> Music, humor, family, friends, being included, socializing singing		
<b>Important for:</b> redirection when talking about fixated interests, respecting choices, socializing, appropriately socializing, interacting c others		
<b>Likes:</b> being around friends + preferred staff, socializing, being funny/joking around coloring + singing		
<b>Dislikes:</b> saying good bye, bathroom issues, when told what to do		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> observation, modeling, repetition, H/A assist as needed		



Staff: Sandy Greenly



Service Recipient: April Mercedes

Date: 5-16-2023

Service Span: 2-23-2-24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergic to Pertussis Vaccine, Septra drugs = Valium staff trained in April's allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Been seizure free since 1995 - in 1995 hospital for seizures. Getting water in ears and nutren sweet can trigger seizures. I may breathe do talk during seizures - left arm and head turns left, staff trained	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: on Reg diet, staff cut food into nickel size April uses right hand to feed herself and drink with straw. Do not give Nutrasweet - may trigger seizures.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: may have pain + discomfort due to constipation, staff will remind April to drink during the day. And report any BM's	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has PRN for seizures, seizure protocol.	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: April requires full support in bathroom.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: - staff secure April's lap belt while in WC - staff offer verbal cues on obstacles + stairways. - staff assist on curbs, uneven surfaces, staff use Arjo lift in bathroom knees may buckle if stand too long.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will redirect April if inappropriate or tries to touch others.	
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: staff will help and ensure April is using appropriate topics and redirect her or ask if she would like to go to another area - or ask others to move to another area. May cry, yell when in discomfort	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: - encourage to use words to talk about how she is feeling and how to appropriately express those feelings. Encourage her to use "safe hands"	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> Family, music, humor, preferred staff, friends, being included, socializing and singing.		
<b>Important for:</b> re-direction when talking about fixated interests, respecting her choices, socializing, appropriately interacting with others		
<b>Likes:</b> Being around friends and preferred staff, socializing being funny/joking around, coloring and singing		
<b>Dislikes:</b> Does not like when she has to say good bye to someone bathroom issues, being told what to do.		
<b>Communication Style:</b> Verbal.		
<b>Learning Style:</b> observation, modeling, repetition, hand over hand as needed.		

