



Competency Tracking Form

Participant: Leif Odne

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
		Andrea Green
		Jess Gunderson
5-16-23	SG	Sandy Greenly
		Monserat Hernandez
		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: Nikki Kereluk



Service Recipient: Leif Odne

Date: 4/19/23

Service Span: 2/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	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.	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	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 st aid and call 911. Leif may occasionally refuse to eat his food. If Leif refuses to eat staff will notify his residential staff.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Leif requires full support in the bathroom (Arjo).	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Leif is at risk of falling due to his limited strength and balance. Staff assist Leif by propelling his wheel chair and using the arjo during cares. Staff would assist Leif in quickly leaving the building in an emergency situation.	
Community Support: <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
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: -	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: family, humor, being included, that staff listen to him, working		
Important for: humor, being included, that staff listen to him, that staff assist him with eating and cares		

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

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

Lead Review Completed: _____

Staff: Vanessa Schmitt
 Date: 4/19/23



Service Recipient: Jeff Odne
 Service Span: Feb 23 - Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: infrequent tonic clonic Paralemy controlled med	at risk of injury during su
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cut into bite size Finger foods on own	
Chronic Medical Conditions: <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*
Medication: <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 *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support Arjo single	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited strength staff propel wheelchair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none	
Important to: family friend humor being include staff listen		
Important for: humor included staff listened to him staff assist in feeding cares		
Likes: funny jokes wrestling food music family staff peers		
Dislikes: exercise being ignored Steak loud people other are upset rushed change going to bed		
Communication Style: non verbal nodding shaking head facial vocalizations		
Learning Style: modeling observation repetition hands on as needed		

Staff: Pam Davis



Service Recipient: Leif Odne

Date: 4/19/23

Service Span: Feb 23 - Feb 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: left partially controlled by med @ risk of injury during seizures	tonic clonic
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Foods in bite size pieces - can be assisted	
Chronic Medical Conditions: <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*
Medication: <input 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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in Bathroom (Argo)	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: @ risk of falling due to limited strength	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	

Important to: family; humor; being included; staff listen

Important for: humor; being included; staff assist w/cares & eating
staff listen

Likes: funny/jokes/humor wrestling; food; music; Peers
Staff &

Dislikes: steak; loud people; when others are upset; rushed; going to bed
exercising being ignored

Communication Style: non-verbal - nodding/shaking head
vocalizations

Learning Style: modeling, observation, repetition
handover hand
as needed

Staff: DAINATA RANSON



Service Recipient: Leaf active

Date: 04/19/2023

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partially controlled by meds. he at risk of injuries during seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>All things bite size</u>	
Chronic Medical Conditions: <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*
Medication: <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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leaf requires full support in the bathroom (ARJO)</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leaf is at risk of falling due to limited strength</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Family, humor, being included, that staff listen to him</u>		
Important for: <u>humor, being included, that staff listen to him</u>		
Likes: <u>being funny jokes, food, music, wrestling, staff and peers</u>		
Dislikes: <u>stark, loud people, when others are upset, being rushed, changes, going to be exercising, being ignored</u>		
Communication Style: <u>Non-verbal, nodding/shaking head;</u>		
Learning Style: <u>modeling, observation, repetition</u>		

Staff: Anthony Supt



Service Recipient: Leif Odne

Date: 4-19-23

Service Span: 2-23/2-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>controlled by meds - infrequent tonic clonic seizures</u> <u>risk of injury during</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sz pcs, assisted, can eat finger foods</u>	
Chronic Medical Conditions: <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>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support, 1:1, single</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited strength, balance, staff propels wheelchair</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>	

Important to: family, humor, included, staff listens,

Important for: humor, included, staff listens, assistance w/ eating & cares

Likes: funny, jokes, wrestling, food, music, family, staff, peers

Dislikes: steak, loud people, others are upset, flushed, change

Communication Style: non-verbal, nodding/shaking head, expressions, localization

Learning Style: modeling, observation, repetition, hand over hand

Staff: Lindsay Carlson



Service Recipient: Self care

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partially controlled, infrequent generalized tonic-clonic seizures → risk of injuries during seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces, finger foods on own, prefers assistance</u>	
Chronic Medical Conditions: <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>
Medication: <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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires full support w/ Arjo, single person</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited strength/balance, staff propel w/c</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	

Important to: family, humor, being included, staff listen to him

Important for: humor, being included, staff assist w/ eating/care

Likes: being funny/jokes, wrestling, food, music, listen to him

Dislikes: steak, loud people, when others are upset, family, staff, peers

Communication Style: nonverbal, nodding/shaking head, facial expressions, vocalizations

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

Lead Review Completed: _____

Staff: Dana Young



Service Recipient: Leif adne

Date: 4-19-23

Service Span: 2/23 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partially controlled by meds. infrequent generalized tonic seizure. Risk of injury during seizure.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, finger foods on own, staff assistance when needed</u>	
Chronic Medical Conditions: <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*
Medication: <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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requires full support & uses AKO</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>fall due to limited strength & balance. Propel wheelchair.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>family, humor, being included, staff listen to him, working</u>		
Important for: <u>humor, included, listen to him, assist w/ eating & cares</u>		
Likes: <u>funny (appropriate), wrestling, food, music, family, staff/peers</u>		
Dislikes: <u>stank, loud people, others are upset, rushed, change, going to bed, exercising, being ignored.</u>		
Communication Style: <u>non-verbal, nodding/shaking head, expression, vocalizations</u>		
Learning Style: <u>modeling, observation, repetition, hand over hand (as needed)</u>		

Staff: Jan Fox



Service Recipient: Leif Odne

Date: 4/19/23

Service Span: 2/23 - 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Seizures are partially controlled by meds, inquired tonic clonic, At risk for physical injury during seizures.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Make sure food is in bite size pieces. may eat finger foods	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NA	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full support R-Jawline in bathroom.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk due to limited strength. staff propel chair. will unbuckle self.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NA	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: Family, humor, being included, staff to listen,		
Important for: Family, humor being included, staff listen, staff assist with feeding + cues.		
Likes: being funny, humor jokes, wrestling, food, music, spending time with family, street + pees		
Dislikes: Steak, loud people, when others are upset, being rushed, change, going to bed, exercise + being ignored		
Communication Style: Non-verbal, will nod + shake head, vocalizations, facial expressions		
Learning Style: Modeling, observation, repetition, hand over hand as needed.		

Staff: Cindi Stucky
 Date: 4-19-23



Service Recipient: Leif Odne
 Service Span: 1b23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled by meds (Tonic Clonic) Risk of injury	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces	
Chronic Medical Conditions: <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*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support (arjo)	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: @risk of falling due to limited movement	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	
Important to: family - included humor - staff listen		
Important for: humor, included staff assist w/ eating + cares		
Likes: funny, appropriate, wrestling, food, music, family, staff + peers. Good eaten contest.		
Dislikes: steak, wood ppl, when others are upset, rushed, change, bed, exercise - ignored		
Communication Style: non verbal - nodding, shaking head, vocalization		
Learning Style: modeling, observation, repetition + hand over hand		

Staff: Donna Storn



Service Recipient: Leif adve

Date: 4-19-23

Service Span: Feb 23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: meds - infrequent physical injuries during Seizures protocol	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bit size prefers assisted	
Chronic Medical Conditions: <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>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full support R-be in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited strength or balance staff controls w/c	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	
Important to: family humor being included staff listen to him		
Important for: humor included staff listen help with eating and cares		
Likes: funny/humor/jokes watching food music family staff and peers		
Dislikes: loud people when others are upset being rushed being ignored		
Communication Style: non-verbal nodding shaking head vocalization		
Learning Style: modeling observation repetition hand over hand as needed		

Staff: Daniel P



Service Recipient: Leif O.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Partially controlled by meds. infrequent seizures. at risk of injury during seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food cut into bite size pieces</u>	
Chronic Medical Conditions: <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>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support, uses Arjo</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited strength and balance. Staff push wheelchair for him</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>family, humor, being included, marking</u>		
Important for: <u>humor, being included and listened to. Assisted with eating and cares</u>		
Likes: <u>being funny, wrestling, food, music, family, peers</u>		
Dislikes: <u>Steak, loud people, when others are upset, being rushed, going to bed</u>		
Communication Style: <u>non verbal, nodding, shaking head, facial expressions, vocalizations</u>		
Learning Style: <u>modeling, observation, repetition, H.O.H PRN</u>		

Lead Review Completed: _____

Staff: Kathryn Stein



Service Recipient: Leif Odne

Date: 4/19/23

Service Span: 2/2023 - 2/2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled by meds, infrequent generalized tonic-clonic seizures, at risk of injury during seizure	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized pieces, prefers assistance but can eat finger on his own	
Chronic Medical Conditions: <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 <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support - arjo	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: at risk of falling due to limited strength, staff propel his wheel chair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	

Important to: family, humor, being included, staff listening to him

Important for: humor, being included, being listened to, staff helping with eating/care

Likes: humor, jokes, wrestling, food, music, family, staff, peers

Dislikes: steak, loud people, others being upset, being rushed, going to bed, exercising, being ignored

Communication Style: nonverbal, nodding/shaking head, facial expressions, vocalizations

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

Lead Review Completed: _____

Staff: John Gebhardt



Service Recipient: Leif O'ne

Date: 4/14/23

Service Span: 2/23 to 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Controlled seizures with Medications, Injury Risk, Has Tonic Clonic Seizures, Generalized	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May have Trouble Swallowing, All food to be bite sizes.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: No seizure meds given	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses ArjoLift+	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Risk of Falling, Staff propel his chair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised Time	
Important to: Family, Humor, being included, listening To Him		
Important for: Being included and Staff listening to him and assisting him		
Likes: Food, Jokes, Being funny, Wrestling, Music, Family		
Dislikes: steak - too hard to eat, Loud People, Changes, Exercising		
Communication Style: Non Verbal, He uses vocalizations, Facial's		
Learning Style: Modeling, observation, Repetition, Hand/Hand		

Staff: Anna Wrich



Service Recipient: Leif Odne

Date: 4/19/2023

Service Span: 2/13 - 2/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled. generalized tonic clonic seizures.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces. finger foods - self	
Chronic Medical Conditions: <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>
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in Arjo. single staff.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limited strength. staff propel chair. May unbuckle belt.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None	
Important to: fam. Humor, inclusion, being heard.		
Important for: Humor, inclusion, assistance w/ eating and cares.		
Likes: being funny, wrestling, food, music, fam. Peers.		
Dislikes: steak, loud ppl, upset peers, being rushed. Bed.		
Communication Style: Non-verbal. Nodding / facial exp. Vocalizations		
Learning Style: modeling, observation, repetition han/hand		

Staff: ALER BORGARD



Service Recipient: LEIF ODNE

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: INFREQUENT GENERALIZED TONIC CLONIC SEIZURES, PARTIALLY CONTROLLED BY MEDS.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: CUT FOOD INTO (1/4 INCH - 1/2 INCH) PIECES. "SLOW DOWN/ CHEW THOROUGHLY" TELL RESIDENCE IF REFUSES TO EAT	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: REQUIRES FULL SUPPORT (ARJO)	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PROPEL CHAIR & USE ARJO DURING CARES. ASSIST. W/ AIDING EXITING IN EMERGENCY	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A OOPS	List & Describe Supports: N/A	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE	
Important to: FAMILY, HUMOR, BEING INCLUDED, THAT STAFF LISTEN TO HIM, WORKING		
Important for: HUMOR, BEING INCLUDED, THAT STAFF LISTEN TO HIM, STAFF ASSISTANCE W/ EATING & CARES		
Likes: BEING FUNNY/HUMOR/JOLES, WRESTLING, FOOD, MUSIC, TIME W/ FAMILY/STAFF/PEERS		
Dislikes: STEAL, LAD PEOPLE, WHEN OTHERS ARE UPSET, BEING VISITED, CHANGE, GOING TO BED, BEING IGNORED.		
Communication Style: NODDING/SHAKING HEAD, FACIAL EXPRESSIONS, VOCALIZATIONS		
Learning Style: MODELING, OBSERVATION, REPETITION, HAND OVER HAND AS NEEDED		

Staff: Kathy Perry



Service Recipient: Jay Odne

Date: 4-27-23

Service Span:

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>partially controlled by meds. Infrequent generalized tonic-clonic. Risk of injury during seizures. Seizure protocol</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>trouble swallowing, bite sized. Check food prior to chewing, pinger foods. Verbal cues to slow down & chew thoroughly. May ref. to eat. Staff close by when eating</u>	
Chronic Medical Conditions: <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>
Medication: <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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support uses arjo</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited strength & balance. assist propelling w/c & arjo during cares</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>#</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>family, humor, being included, staff to listen to him working</u>		
Important for: <u>humor, being included, staff listen to him, assist to eating & cares</u>		
Likes: <u>being funny/humor/jokes, wrestling, food, music, family staff + peers</u>		
Dislikes: <u>stark, loud people, when others are upset, being rushed changes, going to bed, ex, being ignored</u>		
Communication Style: <u>non-verbal, nodding/shaking head, facial expressions vocalizations</u>		
Learning Style: <u>modeling, observation, repetition, HOTT as needed</u>		

Staff: Sandy Greenly



Service Recipient: Leif Odne

Date: 05-16-2023

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Seizures controlled by medication infrequent generalized tonic-clonic seizures risk of physical injury during seizure - staff are aware & trained
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Bite size cut up food 1/4 to 1/2 inch. may choke if not cut up properly. staff use verbal cues to make sure he eats slow and chew thoroughly when eating. staff provide 1st aid when choking + call 911 if refuse to eat
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <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*
Medication: <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*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full support in bathroom (Arjo)
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has limited strength and balance. staff assist propelling w/c and using Arjo. staff assist when emergency situation to leave building
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: Family, humor being included, staff listen to him, working.	
Important for: humor. being included, staff listen to him staff assist him with eating and care	
Likes: being funny, humor, jokes, wrestling, food, music, spending time with family, staff and peers.	
Dislikes: streaks, loud people, when others upset, being rushed, change, going to bed, exercising, being ignored.	
Communication Style: non-verbal, nodding, shaking head, facial expressions, vocalization.	
Learning Style: modeling, observation, repetition, hand over hand as needed	

Lead Review Completed: _____