In-Service Training Log – Linden

Date: 6/20/2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			HB comp (remotes)
.25	Maddy K			UKG update (Live week)
.25	Maddy K			Breaks reminder, Last week check-in

Make up Date	Initial	EE ID	Last Name
		KB	Bauch, Kia
			Cox, Alice
		CG	Garcia, Carmen
			Johnson, Natalie
		FK	Kalu, Festus
		DL	Lepley, Deanne
			Mafi, Sommer
		CR	Rice, Colette
		JS	Sales, Jill
		ES	Sandstrom, Erin

Make up Date	Initial	EE ID	Last Name
	AS		Sims, Aija
	LS		Stacken, Laura
	ET		Tieszen, Ellie
	LY		Yang, Lisa
	RY		Yekaldo, Ralph
	KP		Kathy Penny
	SR		Ranweiler, Sara

Make Up Date	Initial	EE ID	Admin Staff
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff

Competency Tracking Form
Linden Site

Participant: Hannah B (Remote) **Annual Service Span: Intake**

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

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

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

Date Completed	Initials	Full Name
	KB	Bauch, Kia
		Cox, Alice
	CM	Garcia, Carmen
		Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
		Mafi, Sommer
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
	AS	Sims, Aija
	LS	Stacken, Laura

Date Completed	Initials	Full Name
	ET	Tieszen, Ellie
	W	Yang, Lisa
	RY	Ralph Yekaldo
	KP	Kathy Perry
	SR	Sara Ranweiler

Date Uploaded to LMS: _____

Staff: Colette Rice

Date: 6/20/23

Service Recipient: Hannah B.

Service Span: Remotes

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: no Support Provided	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder vision impairment - Blind	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Septo-optic Dispasia	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? ☐ No ☐ Yes N/A

Important to: Visiting, Parents, Siblings, having her bottles

Important for: family, bottles near by, music, Sorting.

Likes: Shopping, going for walks, Taylor Swift, library.

Dislikes: not having time to think, being rushed

Communication Style: Verbal, Soft Spoken

Learning Style: N/A 45 day

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 6/20/2023

Service Recipient: ~~HANNAH~~ B.
Service Span: (REMOTES)

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NO SUPPORTS PROVIDED	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NA	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NA	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: NA	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: NA	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: SEIZURE DISORDER, VISION IMPAIRMENT - BLIND	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SEPTO-OPTO DYSPASIA - BLIND	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA	

Unsupervised time while at PAI? ☐ No ☐ Yes NA

Important to: VISITING- PARENTS/SIBLINGS, FINLEY, HAVING HER BOTTLES

Important for: FAMILY, BOTTLES, MOVIES, SORTING

Likes: SHOPPING, SENSORY ITEMS, WALKS IN COMMUNITY, MUSIC LIBRARY

Dislikes: NOT HAVING TIME TO THINK, BEING RUSHED, MILK IN CEREAL

Communication Style: VERBAL - SOFT SPOKEN

Learning Style: NA - 45 DAY

Lead Review Completed: _____

Staff: Kia L. Bauch

Date: 6/20/23

Service Recipient: Hannah B.

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: No supports provided	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports:	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder, legally blind	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: legally blind	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: visiting her family, seeing Finley

Important for: family, movies, sorting

Likes: shopping, walks, music, library

Dislikes: verbal- soft spoken

Communication Style: N/A 45 Day

Learning Style: N/A 45 Day

Lead Review Completed: _____

Staff: Sommer
Date: 6/20/23

Service Recipient: Hannah B
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder/vision impairment house will support	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Septo Optic Dispasia - Completely blind, house will support sensory needs as needed	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Visiting her parents, siblings on weekly basis, being family having lobsters

Important for: family, lobsters, listening to movies, Surfing, visiting family

Likes: Shopping, walks, music, T. Swift, going to library,

Dislikes: not having time to think, brand new situations, milk in cereal being rushed

Communication Style: Verbal - Soft Spoken

Learning Style:

Lead Review Completed: _____

Staff: Laura Stacken
Date: 6/20/2023

Service Recipient: Hannah B
Service Span: Remote services

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NO	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NO	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: NO	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NO	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: NO	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: NO	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NO	
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder & Vision (Blind)	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Septo-optic dispasia due to this diagnosis	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NO	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Visiting her parents & siblings on a weekly basis, independence, seeing Finley, having her bottles.

Important for: family, bottles nearby at all times, listening to movies, sorting, Visiting w/ family.

Likes: Shopping, buying sensory items, going for walks, in the community, listening to music, Library, Shoreview Comm Center

Dislikes: Not having time to think, brand new situations, being rushed, milk in cereal

Communication Style: Verbal - Soft Spoken

Learning Style: N/A 45 Day

Lead Review Completed: _____

Staff: Deanne Lepley   PAI   Service Recipient: Hannah B

Date: 6-20-23   Service Span: ____________________

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: No supports provided Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder & vision impairment (completely Blind) Able to navigate familiar env. House staff accompany Hannah at all time ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Septo-Optic Disease - due to diagnosis. Hannah address sensory needs through sensory input & stimulation
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☐ No ☐ Yes	N/A
Important to:	Visiting to parents & siblings on wkly basis, independence seeing friends, having her bottles
Important for:	family, bottles nearby at all times, swings for walks in community, listening to music
Likes:	Not having time to think, brand new situations, being rushed milk in cereal ↓ (see Dislikes)
Dislikes:	~~Verbal - soft spoken~~ Shopping, buying sensory items
Communication Style:	Verbal soft spoken
Learning Style:	N/A - 45 day

Lead Review Completed: ____________________

Staff: Sara Ranweiler
Date: 6-20-23

Service Recipient: Hannah B
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: seizure disorder and vision impairment, familiar enviornments ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Blind, addresses sensory needs through sensory input
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Visiting parents siblings weekly basis, independence seeing Finn, having bottles
Important for:	Family, bottles, sperky, listening to movies, sorting, visiting with family frequently
Likes:	Going shopping, buying sensory items, listening to music
Dislikes:	not having time to think, brand new situations, being rushed, milk in cereal
Communication Style:	Soft Spoken
Learning Style:	N/A

Lead Review Completed: _____

Staff: Jill

Date: JUNE 20, 2023

Service Recipient: Hannah B.

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: no supports provided	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports:	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: blind	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports:	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: seizure disorder & vision impairments (completely blind) House staff accompany her.	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports:	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: visiting her parents + siblings on a weekly basis, independence, seeing Finley, having fidgets

Important for: family, bottles nearby at all times (sensory/fidgets) listening to stories, sorting, visiting w/ family frequently

Likes: shopping, music, walks, library, Shoreview comics buying sensory items

Dislikes: new situations; not having time to think, brand new situations, mix-in' cereal.

Communication Style: verbal - soft spoken

Learning Style: N/A - 45 day

Lead Review Completed: _____

Staff: Festus

Date: 6/20/23

PAI

Service Recipient: Hamza R

Service Span: ____________________

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N A
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N A
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N A
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N A
Community Support: ☒ No ☐ Yes	Describe Supports: ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Blind. Uses sensory input & stimulation, A lot of repetition
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☐ No ☐ Yes	No. Support provided
Important to:	Visiting her parents & siblings on weekly basis
Important for:	Family, listening to movies
Likes:	going shopping, walking, listening to music
Dislikes:	Not having the food she likes, being rushed
Communication Style:	Verbal, soft spoken.
Learning Style:	N/A 45 day

Lead Review Completed: ____________________

Staff: Alice L, Cox
Date: 6/20/2023

Service Recipient: _____
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: No Supports Provided	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: No Supports Provided	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: No Supports Provided	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: No Supports Provided	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No Supports Provided	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: No Supports Provided	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Navigate Familiar Environments Seizure Disorder + Vision Impairments	
Community Support: ☒ No ☐ Yes	Describe Supports: Protect + Serve	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Blind	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: No Supports Provided	

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Parents, Fidget, Visiting

Important for: Visiting Parents + Siblings Seeing Finley Fidget

Likes: Shopping, Buying sensory items Walks, Sorting Movies, Family

Dislikes: Milk in Cereal, New Situations

Communication Style: Verbal Soft Voice

Learning Style: 4S day

Lead Review Completed: _____

Staff: Arjea Sims
Date: 1/20/23

Service Recipient: Hannah B
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☒ Yes	Describe Supports: seizure disorder and vision impairment. Able to navigate familiar environments. House staff will accompany her @ all times	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: septo-optic dysplasia - due to this diagnosis, Hannah addresses sensory needs through sensory input and stimulation	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? ☐ No ☐ Yes N/A

Important to: visiting parents and siblings, independence, seeing family having her bottles

Important for: family, bottles, visiting with family

Likes: walks, music, shopping, community outings

Dislikes: being rushed, milk in cereal, brand new things

Communication Style: verbal

Learning Style: N/A

Lead Review Completed: _____

Staff: Carmen Garcia
Date: 6/20/2023

Service Recipient: Hannah
Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports:	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Vision impairment / seizures	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes N/A	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes N/A	Describe Supports:	
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports:	
Community Support: ☐ No ☐ Yes	Describe Supports: seizure disorder, eye impairment	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: visual sensory support	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: visiting parents, buying sensory, independence, seeing Finley, sorting movies, having bottles

Important for: family, bottles, ~~movies~~ visiting with family

Likes: walks, music, shopping, community outings

Dislikes: Being rushed, MILK in cereal, brand new things

Communication Style: verbal

Learning Style: N/A

Lead Review Completed: _____

Staff: Ellie

Date: 06/20/23

Service Recipient: [redacted]

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☐ No ☐ Yes	Describe Supports: seizure disorder & eye impairment	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: visual sensory support +	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: visiting family and independence seeing family

Important for: family butter, sensory fidgets

Likes: walks music shopping community outings

Dislikes: Being rushed milk in (tea)

Communication Style: verbal

Learning Style:

Lead Review Completed: _____

Staff: RALPH YERALDO

Date: 6-20-2023

Service Recipient: HANNAH

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: N/A	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: N/A	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: N/A	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Seizure disorder and Vision staff will accompany HANNAH at all Times	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Septo-optic Dispasis blind HANNAH addresses any sensory needs Through Sensory; put stimulation	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI? ☐ No ☐ Yes

No support needed

Important to: Visiting her parents and siblings on a weekly Basis, independence, See Finley

Important for: Family, bottles nearby

Likes: Going Shopping buy sensory

Dislikes: Not having Time To Think

Communication Style: Verbal - soft spoken

Learning Style: N/A - 45 Day

Lead Review Completed: _____

Staff: _____ Service Recipient: _____

Date: _____ Service Span: _____

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports:	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports:	
Community Support: ☐ No ☐ Yes	Describe Supports:	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☐ No ☐ Yes
Important to:
Important for:
Likes:
Dislikes:
Communication Style:
Learning Style:

Lead Review Completed: _____

Staff: Lisa Yang

Date: _____

PAI

Service Recipient: Hannah B.

Service Span: Intake

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: No Support Provided	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: No Support Provided	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: No Support Provided	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: No Support Provided	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: No Support Provided	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: No Support Provided	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Navigate Family Enviornment Seizure Disorder. Vesion Impairment	
Community Support: ☑ No ☐ Yes	Describe Supports: Protect & Serve	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Blind: Sensory Input.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: No Support Provided	

Unsupervised time while at PAI? ☐ No ☐ Yes No Supports provided

Important to:
Visiting Parent. Sibilings. Finley. Bottle. Fidgets.

Important for:
Family. Bottles by side. Fidgets. Movies. Sorting. Visiting

Likes:
Shopping. Walks. Music. Library. Shoreview Com.

Dislikes:
Verbal - Soft Spoken.

Communication Style:
N/A - 45 Days

Learning Style:
N/A - 45 Days

Lead Review Completed: _____

Staff: Kathy Perry
Date: 6-20-23

PAI

Service Recipient: Hannah B
Service Span: 45 days

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: No Supports Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: N/A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☐ No ☐ Yes	Describe Supports: Optic disorder & vision completely blind. Can navigate familiar environments. Needs Hourly staff support ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Blind - addresses sensory needs through sensory input & stimulation. Hannah able to address these needs through sensory input
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☐ No ☐ Yes N/A	
Important to: visiting parents + siblings weekly, independence, seeing Finley having her bottles at all times	
Important for: family, bottles (sensory/fidget) at all times, listening to movies, sorting, visiting	
Likes: shopping, buying sensory items, going for walks in comm., listening to music, library, Shoreview Comm. Center	
Dislikes: Not having time to think, brand new situations, being rushed, milk in cereal	
Communication Style: 45 days	
Learning Style: 45 days	

Lead Review Completed: _____