In-service Training Log – Parkway

Date: 7/5/2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson			Site Specific updates: Fridge clean out, program room conversations, Fire Drill follow up , Shout out
.5	Kennedy Smith			KT and JK Comp quiz

Make up Date	Initial	EE ID	Name
7-10-23	JM		Jaime Meyer
	CS		Cindi Stucky
July 7	IL		Ilene Lubick
	JG		John Gebhardt
	PD		Pamala Davis
			~~Jackie Ahlers~~
	DR		Dainaja Ranson
		N/A	Nikki Kereluk
	JA		Jackie Ahlers

Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
10/6/23	KS		Dolly Stein
		N/A	Dave Turner
		N/A	Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
	DS		Donna Storm
	LB		Leslie Bludorn

Make Up Date	Initial		**Manager/Admin**
			Kelley, Cortney
			Norwick, Kennedy
	JA		Gunderson, Jessica

			Other *Attendees*
9/26/23	TB		TYLER BOUCARD

Competency Tracking Form

Participant: Kaleena Thompson

Annual Service Span: March 23-March 24

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
7-10-23	JM	Jamie Meyer
	JG	John Gebhardt
July 7	IML	Ilene Lubick
		Jess Gunderson
		Sandy Greenly
	JA	Jackie Ahlers
	N/A	Nikki Kereluk
		Kennedy Norwick
		Dan Popp
		Renee Schmidt
	NS	Nancy Snyder
10/10/23	KS	Dolly Stein
		Donna Storm
		Cindi Stucky

Date Completed	Initials	Full Name
	N/A	Dave Turner
	N/A	Anna Wrich
7/5/23	DY	Doua Yang
7/5/23	DR	Dainaja Ranson
7/5/23	PD	Pamela Davis
7-5-23	LB	Leslie Bludorn
		Josh Snodie (sub)
9/26/23	TB	Tyler Bongard

Date Uploaded to LMS: _____

Staff: Pamela Davis | Service Recipient: Kateena Thompson

Date: 1/5/23 | Service Span: Mar 23-Mar 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergic to Penicillin shots, staff are trained. 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: Regular Diet, but limits the pasta, sweets, rice and cereal; will cut pickle size pieces; Increases physical activity - staff will encourage to have one treat
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: chronic - esophagitis dermatic defficency, Heart burning - will call mother - itching dermatitis lotion. if needed. 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: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Kateena has an uneven gate - staff assistance with curbs/steps - Hold - Look at feet or hand Rail.
Community Support: ☒ No ☐ Yes	Describe Supports: staff will remind to stay close by offer hand; remind to be appropriate or calm down; respectful - monitor interactions ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs. Be Kind Reminder
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset verbally aggressive; yells/kicks pushing; throws table; physical aggression usually to staff. staffs/peers - Remind to calm down; breath; different room. calm down Kit
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Dancing, outings, music; crafts; beads back scratcher chores; routines; working @ PAI	
Important for: Independence; self regulate; preparing for change in schedule or routine	
Likes: around friends/staff; jokes; crafts; outing music bingo; bowling; special olympics.	
Dislikes: unexpected changes * schedule or routine, visitors; gym or fish	
Communication Style: Verbal; facial expressions	
Learning Style: modeling, verbal instruction	

Lead Review Completed: _____

Staff: Dainaja Parson **PAI** Service Recipient: Kateena Thomaspon

Date: July, 5/2023 Service Span: March 23 - March 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Penicillin Shots, staff trained. 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: regular diet, limits the pasta, rice, wheat cereal. move movement remind her to have one treat.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic reflux Esophagitis, Dermatitis, iron deficiency, ana obesity. 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: uneven gate, needs reminders to be aware of the surronding
Community Support: ☒ No ☐ Yes	Describe Supports: staff reminds Kateena to stay close by. offer hand, be appropritate or calm down. ☒ 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: When Kateena is upset she may become verbally aggresive. Might swear, and property destruction, deep breath.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: dancing, music, outings, friends/visiting, crafts, working @ PAI, beads, back scratchers, choices/decions.

Important for: Independence, choices/desions, helping her to selfreg

Likes: being around friends, and preferred staff, socializing being funny/jokes. crafts, outing

Dislikes: does like unexpected visitors in the room, fish, gym

Communication Style: verbal

Learning Style: modeling, repetition, observation, verbal instruction

Lead Review Completed: ____________

Staff: Kelsey Snyder | PAI | Service Recipient: Kateen Thompson

Date: 7-5-23 | Service Span: 3/23 - 3/24

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: penicillin shots staff trained 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: - Reg Diet - Increase physical activity. Healthy choices - Doc recommends limits pasta, sweets, rice, cereals - 1 treat @ parties Nickel size pcs
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: reflux & esophagitis - iron def. Dermatitis - obesity 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: Independent
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: uneven gait, reminders about falling, tripping, stepping off curb slow down
Community Support: ☑ No ☐ Yes	Describe Supports: stay near by reminders, hold hands, discuss expectations beforehand, being appropriate ☑ 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: verbally aggressive, swears, yells, kicking, pushing things at staff, usually staff only, "calm down" voice keep at a "2", deep breathing, quiet room
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:
Important to:	Dancing, music, outings, friends, crafts, working @ PAI, beads, choices, routines
Important for:	independent, choices, self regulate, prepare her for changes in routines
Likes:	Friends, funny, jokes, crafts, outings, bowling, Special Olympics, Bingo, music, casino
Dislikes:	unexpected changes, fish, going to the gym
Communication Style:	Verbal, facial expressions
Learning Style:	modeling, observation, verbal instruction

Lead Review Completed: _____

Staff: Donna Storm
Date: 7-5-23

PAI

Service Recipient: Kaleena Thompson
Service Span: March 23-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: penicellon shots 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: Reg diet limit, pasta, Rice, increase physical activety PAI partys remind to have only one Treat. nickle size Bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: refluexs - Esophagitis Iorn difiency 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: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uneven gate - needs Staff suport on verbal ques
Community Support: ☒ No ☐ Yes	Describe Supports: Stay near by or hand to hold Expresse exspectation before hand ☒ 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: verbal and physical agessive when upset May Say shut up or leave me alone. Redirect reminder "Z" or Breath Block peers or Staff from her agession.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Dancing music Friends family choices Routines beedds	
Important for: Independence - help to regulate - Routine	
Likes: Friends perfered Staff Jokes music casino.	
Dislikes: unexspected anything - loud noices drumps fish going to the gym	
Communication Style: Verbal facial exspretions	
Learning Style: modling verbal	

Lead Review Completed: ____________

Staff: Sandy Greenly

Date: 07/05/2023

PAI

Service Recipient: Kaleena Thompson

Service Span: 3-23 . 3-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergic pen shots & medication alleigtes- staff trained. 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: staff cut food into nickel size pieces when in community - staff will encourage to make Pasta, bread, sweets, rice, cereal healthy choices. Increases physical activity. Remind to only have 1 treat
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: chronic reflux esophagitis, Dermatitis, Iron deficiency- obesity. If complain head burning call family, staff will assist w/ lotion. 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: independant
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait - reminded of space before her. staff reminded to be careful - point to distance steps & curbs
Community Support: ☒ No ☐ Yes	Describe Supports: Remind her to stay near by offer your hand to hold discuss - prior to going out in community. ☒ 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: When upset is verbally aggressive towards peers and staff, physical aggression usually at staff. Remind to calm down - volume at 2 - Deep breathing Quiet room - Has calm down kit, use beads
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dancing, music, eating, friends, visiting crafts working at PAI, choices, conversations & natures.

Important for: - Independance, choices, decisions - Helping her Prepare for schedule

Likes: - friends - preferred staff, socializing, jokes, crafts, eating, music, dance, casino, Bingo, Bowling, Special Olympics

Dislikes: Unexpected changes in routine and schedule Unexpected visitors, gym, fish

Communication Style: - Verbal - facial expressions

Learning Style: modeling, rep, verbal instruction

Lead Review Completed: _____

Staff: Jackie Ahlers | PAI | Service Recipient: Kaleena Thompson

Date: 7-5-23 | Service Span: 3-2023 to 3-2024

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: Penicillin shots 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: Nickel sized pieces of food. Regular diet but dr wants her to reduce cereals, sweets, rice, and increase her physical activity. Staff will encourage healthy choices. Staff reminder to have only 1 bread
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic ~~pain~~ Esophagitis, dermatitis, iron deficiency, obesity. If she has heart pain, notify home. Has special lotion, itchy skin. Staff assist with lotion. 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: Uneven gait and needs reminders about obstacles like legs/curbs. Remind to slow down, hold handrail.
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, ☒ provide transportation in the community, ☒ provide supervision to meet health & safety needs Remind her to stay nearby, offer hand to hold, ~~express~~ advise to be appropriate and calm down, monitor interactions, remind be kind, freedom.
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset can be verbally aggressive to staff/peers, may become physically aggressive to staff. Property destruction history. Remind her to calm down, keep voice volume at 2, deep breathing, use calm down kit
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Dancing, music, outings, friends, working, beads, choices, consistency in routines	
Important for: Independence, choices/decisions, helping to regulate	
Likes: Be around friends and preferred staff, jokes, crafts, outings, bowling, casino	
Dislikes: Unexpected changes in routine/schedule, visitors, going to gym, fish	
Communication Style: Verbal, facial expressions	
Learning Style: modeling, observation, verbal instructions	

Lead Review Completed: _____

Staff: Doua Yang | **PAI** | Service Recipient: Kaleena Thompson

Date: 7/5/23 | Service Span: 3/23 – 3/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: pencillin shots 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: Regular diet, doctor recommends limit on pasta, cereal, sweet, rice. Increase physical activity. verbally encourage to make healthy choices [veggies + meat + nickel size]. 1 treat for party.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic reflux esophagitis, Dermatitis, iron deficiency + obesity. Heart burn to call mom. Itchy offer dermasil lotion. 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: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uneven gait, beware of space. Point to obstacle, step, curves. verbal cues "step down, look at your feet. slow down."
Community Support: ☒ No ☐ Yes	Describe Supports: Remind to stay near by. offer hand to hold. Discuss expectation. Discuss to be apropiate + calm down. ☒ 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: upset → verbal agressive to peers + staff. Physically aggressive towards staff (kick, push, scratch, push + throw). Staff remind to use (deep breathing, voice volume). Attempt to block if she get upset @ peers.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: ↓
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: dancing, music, outing, friends/visitings, peers, workins @ pai, choices, independence, consistent routine

Important for: independence, choice, decisions, self-regulate, consistent to change / routine.

Likes: friends + preffered staff, jokes, crafts, music, dance, casino, bowling, socializing, being funny.

Dislikes: unexpected changes in routine / schedule, unexpected visitors, fish + going to gym.

Communication Style: verbal

Learning Style: modeling, repitition, observation, verbal instruction

Lead Review Completed: ____________

Staff: Atuchy | PAI | Service Recipient: Kaleena Thompson

Date: 7-5-23 | Service Span: Mar. 23 - 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: penicillan shots 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: Reg diet / treat @ pai party, cut to nickel size pieces increases phsical activity - healthy choices
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic reflux esaphagitis, obesity DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: none Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: aware of space around her, slowdown - hold handrail
Community Support: ☒ No ☐ Yes	Describe Supports: stay near by - hold hand, Calm down ☒ 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: verbally agressive, phsically " (staff), Calm - hit, deep breathing
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Dancing, outings, beads, back scratcher, music, crafts, choices
Important for:	independence, Choices, prepare for change.
Likes:	friends, socializing, crafts, outings, bingo, special
Dislikes:	Changes, fish, gym, unexpected visitors
Communication Style:	verbal
Learning Style:	modeling, reps, verbal instruction

Lead Review Completed: ____________

Staff: John Gebhardt

Date: 7/5/23

PAI

Service Recipient: Kaleena Tomson

Service Span: 3/23 to 3/24

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: Allergy to Penicillin Shots staff trained on Allergies. 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: Regular diet, with limits on Carbs, (only have it treat) Limit sweets & rice.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has Chronic Reflux Esophagitis, Dermatitis Iron Defficiency and Obesity concerns. 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	Describe Supports: Independent.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has uneven gait and needs reminders to slow down and be aware of obsticles
Community Support: ☒ No ☐ Yes	Describe Supports: Remind her to "Stay Nearby", and to calm down. Be Appropriate & respectful. ☒ 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: When upset, she gets verbally and physically aggressive towards staff. Reminders to lower volume, stay calm.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised Times at PAI.
Important to:	Dancing, Music, Outings, friends, beads, choices, Her Routines and Consistency.
Important for:	Independence, choises, self regulations, Helping Prepare for any changes.
Likes:	Being funny, casinos, Special Olympics, Bowling.
Dislikes:	Does not like unexpected changes, Fish, Going to Gyms
Communication Style:	Verbal
Learning Style:	Modeling, Repitition, observation, verbals,

Lead Review Completed: _____

Staff: Daniel P | PAI | Service Recipient: Kaleena T

Date: 7/5/23 | Service Span: 3/23 - 3/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Penecillin shots Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☒ N/A	Describe Supports: ~~Regular diet however~~ NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular diet low carbs and sugar as possible increases physical activity. Cut into nickel size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic reflux esophagitis, Dermatitis, Iron deficiency. If itchy Staff will offer Dermasil Iron DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes ~~N/A~~	Describe Supports: ~~Independent~~ Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes NA	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uneven gate and unaware of things around her. Verbal prompts.
Community Support: ☒ No ☐ Yes	Describe Supports: Tell her what to expect and tell her to stay nearby and be appropriate ☒ 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: Can become verbally and physically aggressive and has a history of knocking over tables. May say, "Shut up" before getting upset
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: dancing, music, outings, friends, crafts, beads, independence, and routine	
Important for: independence, choices, preparing her for changes	
Likes: friends, preferred staff, being funny, music, casino, bowling	
Dislikes: unexpected changes in schedule, visitors, changes, fish	
Communication Style: Verbal	
Learning Style: modeling, repetition, observation, verbal instruction	

Lead Review Completed: _____

Staff: Leslie Bleidorn

Date: 4-5-23

PAI

Service Recipient: Jack

Service Span: March 23 - March 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies 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: Supervision while eating - prompts for small bites - size pieces -
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, constipation anxiety - acne - symptoms of ADHD DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - for anxiety 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: Jack get over headphones,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: biting prompts to talk or chew - , Physical - prompt that is not OK - ask if he wants to take a walk - Anxiety - walk -
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: family, electronics, being active, going out into the community, quiet, his own space -	
Important for: electronics, being active, quiet places -	
Likes: family - electronics / iPad, books, movies, ice cream, going on outings	
Dislikes: loud noises, crying babies, washing his hands	
Communication Style: verbal, vocalizations	
Learning Style: modeling, observations, repetion, verbal prompts -	

Lead Review Completed: _____

Staff: Leslie Bludorn | Service Recipient: Kaleena Thompson

Date: 4-5-23 | Service Span: March 23 - March 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: to penicillin shots - 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: Regular Diet - Dr - reduce - rice, sweets) bread, staff prompt to make better choices), cut into nickle size bites)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic Reflux esophagitis Dermatitis, dron deficiency Obesity itchy - offer Dermarid lotion 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: Indepent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Reminder for inenvenoit - support by pointing out obstacles - steps curbs
Community Support: ☒ No ☐ Yes	Describe Supports: Stay near prompts needs to be appropriate "being respectful" before outings ☒ 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: when upset can be verbally aggressive, property destruction - before she may grunt "shut-up" or leave me alone - voice volume - calm kit - Beads
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dancing, Music, outings, beads, back, scratches, choices/decisions, independence,

Important for: Independence, preparing her for change - helping to self regulate -

Likes: friends, being funny, crafts, crafts

Dislikes: Changes, fish, gray -

Communication Style: - Verbal -

Learning Style: modeling, repetition, observation

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 6/5/23

Service Recipient: Kaleena Thompson
Service Span: March 23 - March 24

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order* Kaleena is allergic to Penicillin shots. Staff are trained on Kaleena's allergies.
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Kaleena is on a regular diet, however, her doctor recommends that she limit the amount of pasta, bread, rice, sweets and cereal that she eats and that she increase her physical activity. Kaleena is served lunch sent from home. When in the community, staff will verbally encourage her to make healthy choices and to avoid the foods that her doctor told her to limit. At PAI parties, staff will verbally support Kaleena by reminding her to "only have one treat". Staff also encourage Kaleena to join walking and exercise groups. Staff will cut any difficult-to-chew foods (i.e. hard vegetables and meat) into nickel-sized pieces. Staff may also help Kaleena to cut these items by herself with a butter knife.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* Kaleena has Chronic Reflux Esophagitis, Dermatitis, Iron deficiency, and Obesity. If Kaleena states that she has heart burn, staff will call her mother to let her know. If staff notice that Kaleena is itching a lot or if Kaleena states that she is itchy, staff will offer her Dermasil lotion. Staff will assist in putting on the lotion if needed.
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: Kaleena has an uneven gait and needs reminders to be aware of the space around her. She needs staff support to prevent falling, running into things, tripping or stepping off a curb. Staff support Kaleena by pointing out obstacles, steps and curbs. Staff may also offer verbal cues such as "step down", "look at your feet", "slow down" or "hold the handrail".
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 remind Kaleena to "stay nearby" when in the community. Staff may also offer their hand for Kaleena to hold. It helps if staff discuss with Kaleena specific expectations prior to going into the community. Staff will remind Kaleena when she "needs to be appropriate" or "calm down". They will verbally explain to Kaleena where they are going and why. Staff support Kaleena by discussing being respectful prior to outings. Staff are nearby to monitor interactions. If this is observed by staff, they will verbally remind Kaleena to "be kind" or tell her what she is doing is "not appropriate".
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:

Lead Review Completed: _____

Staff: _____ Service Recipient: _____

Date: _____ Service Span: _____

	○ When Kaleena is upset, she may become verbally aggressive towards peers and staff. She may yell and/or swear at them. She may also become physically aggressive towards staff by kicking, scratching, pushing or throwing small items (physical aggression is usually directed at staff only). Kaleena may also engage in property destruction by shoving/throwing items. Sometimes, before Kaleena becomes upset, she may faintly grunt or say "shut up" or "leave me alone". Staff will remind Kaleena to use her self-regulation binder (deep breathing visual, "voice volume" chart and choice board) and will also remind her that her actions are not appropriate. Staff may offer her another area of the building to go to if she needs to calm down (sensory/break room). Kaleena also has a "calm down kit" that staff can verbally prompt Kaleena to use. Staff will attempt to block Kaleena if she were to become aggressive towards peers or staff.
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: dancing, music, outings, friends/visiting, crafts, working at PAI, manipulatives (beads, back scratcher), choices/decisions, independence, consistency/routines	
Important for: independence, choices/decisions, helping her to self-regulate (self-regulation binder/tools) consistency and preparing her for changes in her schedule/routine	
Likes: Kaleena likes being around friends and preferred staff, socializing, being funny/joking around, crafts, outings, music, and dancing.	
Dislikes: Kaleena does not like unexpected changes in her routine/schedule, unexpected visitors in the room, fish, and going to the gym	
Communication Style: Verbal	
Learning Style: modeling, repetition, observation, verbal instruction	

Lead Review Completed: _____

Staff: Ilene Mlubik
Date: Friday July 7-23

PAI

Service Recipient: Kaleena Thompson
Service Span: March 2023 - Mar 2024

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* Kaleena is allergic to Penicillin shots. Staff are trained on her allergies.
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: ~~Regular diet. Limit p~~
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Regular diet. Limit pasta, rice, sweets & cereal. Increase physical activity and make healthy choices. Verbally remind to have one treat and
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has chronic reflux esophagitis. join exercise groups, ~~Nickel~~ seeds ~~the~~ encourage to eat in nickel size If has heartburn call her mother. If itching offer dermasil/piton. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Independent. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Independent.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff needs to point out obstacles. Has uneven gait/remind to have space around her.
Community Support: ☒ No ☐ Yes	Describe Supports: Explain where going, before hand. Staff remind to stay nearby. May offer to hold hand. Remind to calm down or be appropriate ☒ 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: Be Kind.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset may become aggressive, may yell/swear. Become aggressive- kick/scratch/push/throw small items. Before becoming upset may faintly grunt or say shut up or leave me alone. Remind to use self regulation binder/remind aggression usually directed @ staff
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: not appropriate. may need to go to another room.
Important to:	Dancing, music, outings, friends/visiting, crafts, working at FPE manipulatives (beads, bark scratcher) choices/decisions, independency consistency/routine.
Important for:	Independence, choices, decisions, helping her to self-regulate (border) consistency, and preparing her for changes in her schedule/routine.
Likes:	Being around friends and preferred staff, socializing being funny joking around crafts, outings, music and dancing.
Dislikes:	Dislikes unexpected changes in her routine/schedule, unexpected visitors, fish and going to the gym.
Communication Style:	Verbal
Learning Style:	modeling, repetition, observation, verbal instruction

Lead Review Completed: _____

Staff: Jaime meyer

Date: 7-10-23

Service Recipient: Kaleena Thompson

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: Allergic to penicillin shots. Staff trained on her allergies. 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: Regular diet. Limit amount of pasta, bread, rice, sweets & cereal. Increase activity. Verbally remind her to make healthy choices.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: chronic Reflux Esophagitis, Dermatitis, Iron Deficiency & Obesity. Heartburn - call mom; If itchy, offer lotion. 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: uneven gait. Remind to watch feet, slow down, step down.
Community Support: ☒ No ☐ Yes	Describe Supports: Remind to stay nearby. offer a hand to hold. Remind to be appropriate. ☒ 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: may become verbally agressive toward peers & staff. may be physically agressive toward staff. Remind her of appropriate actions & sensory rooms.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: dancing, music, outings, friends/visiting, crafts, manipulatives(beads), choices, independency, routine	
Important for: Independence, choices, self-regulate, consistency, preparing her for changes in routine	
Likes: being around friends & preferred staff, socializing, funny, crafts, outings, music & dance.	
Dislikes: unexpected change in routine, unexpected visitors in room, fish, & going to gym.	
Communication Style: Verbal	
Learning Style: modeling, repetition, observation, verbal instruction	

Lead Review Completed: _____

Staff: TYLER BONCARD

Date: 7/26/23

Service Recipient: KALEENA THOMPSON

Service Span: JULY '23 - JULY '24

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: ALLERGIC TO PENICILLIN SHOTS - STAFF WOULD RELAY INFO IF NECESSARY 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: REGULAR DIET BUT LIMIT PASTA, BREAD, RICE + SWEETS + CEREAL. ENCOURAGE TO "ONLY HAVE 1 TREAT", ENCOURAGE EXERCISE GROUPS + HEALTHY CHOICES
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CHRONIC REFLUX ESOPHAGITIS, DERMATITIS, IRON DEFICIENCY, OBESITY. CALL MOM IF SHE HAS HEARTBURN, ASSIST W/ LOTION IF SHE SAYS SITES ITCHY 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: MOSTLY INDEPENDENT - MAY NEED ASSISTANCE
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNEVEN GAIT - PROVIDE VERBAL CUES TO AVOID OBSTACLES, STEPS, & CURBS, "LOOK AT YOUR FEET"
Community Support: ☒ No ☐ Yes	Describe Supports: REMIND TO "STAY NEARBY" - MONITOR INTERACTIONS FOR BEING APPROPRIATE ☐ 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: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: VERBAL/PHYSICAL AGGRESSION - REMIND TO USE CALM DOWN KIT, BLOCK ATTEMPTS AT AGGRESSION IF NEEDED. MAY SAY "SHUT UP" OR "LEAVE ME ALONE" BEFORE BECOMING UPSET.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to:	OUTINGS, FRIENDS/VISITING, CRAFTS, WORKING AT PAI, MANIPULATIVES (BEADS, ITCH STICK), CONSISTENCY/ROUTINES
Important for:	INDEPENDENCE, CHOICES/DECISIONS, HELP W/ SELF-REGULATING, CONSISTENCY & PREPARING HER FOR CHANGES
Likes:	BEING AROUND FRIENDS & PREFERRED STAFF, SOCIALIZING, JOKING AROUND, CRAFTS, MUSIC & DANCING
Dislikes:	UNEXPECTED CHANGES, UNEXPECTED VISITORS, FISH, GOING TO GYM
Communication Style:	VERBAL
Learning Style:	MODELING, REPETITION, OBSERVATION, VERBAL INSTRUCTION

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 10/6/23

PAI

Service Recipient: Kaleena Thompson

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: penicillin shots 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: doctor recommends limiting pasta, bread, rice, sweets, cereal & increasing activity. staff encourage healthy choices in community. cut vegetables & meat into nickel sized pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: chronic reflux Esophagitis, Dermatitis, Iron deficiency, obesity. Notify mom if she has heart burn. Has dermasil lotion & staff can assist her with applying. 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: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uneven gait. Staff support by letting her know about obstacles, curbs, provide verbal cues "step down" "slow down" "hold the handrail"
Community Support: ☒ No ☐ Yes	Describe Supports: making her aware of where she is going & why. support w/ appropriate boundaries ☒ 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: History of verbal & physical aggression towards peers & staff. Staff support by offering self-regulation binder, break space, "Calm down kit". staff will attempt to block aggression towards peers.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: dancing, music, outings, friends/visiting, PAI, manipulatives, choices, independence, routines.	
Important for: Independence, decisions, help self-regulating, consistency; routine, preparing for changes in schedule.	
Likes: preferred staff, friends, socializing, funny; joking around; arts & crafts, outings, dance, music	
Dislikes: unexpected changes in routine, unexpected visitors in the room, fish, the gym	
Communication Style: Verbal	
Learning Style: modeling, repetition, observation, verbal instruction	

Lead Review Completed:

Competency Tracking Form

Participant: Jack Kestner

Annual Service Span: March 23-March 24

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
7-10-23	JM	Jamie Meyer
	JG	John Gebhardt
July 7	IL	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
	N/A	Nikki Kereluk
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
10/6/23	KS	Dolly Stein
	DS	Donna Storm
	CS	Cindi Stucky

Date Completed	Initials	Full Name
	N/A	Dave Turner
	N/A	Anna Wrich
7/5/23	DY	Doua Yang
7/5/23	DR	Dainaja Ranson
9/5/23	PD	Pamela Davis
7-5-23	LB	Leslie Bludorn
		Josh Snodie (sub)
9/26/23	TB	Tyler Bongard

Date Uploaded to LMS: _____

Staff: Pamela Davis | PAI | Service Recipient: Jack Kestner

Date: 7/5/23 | Service Span: March 23-March 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies	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: Staff will provide reminder, cut into smaller pieces	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Constipation; ADHD symptoms; Gurd = (~~vomit~~/acid reflux) constant	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN-for anxiety	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Jack goes by himself just watch or assist when needed	
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: overstimulate; noise; offer headphones or quit place.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Biting - ask calmly to see whats wrong; offer chewy; physical aggression - staff will ask jack for walk. Verbal aggression - take break or try again; self sooth	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	
Important to: family; being active; his own space; sitting on bean bag		
Important for: electronics; going into community; reliability; self calming joining group.		
Likes: spending time w/family; ice cream; books; biking being active in the community		
Dislikes: loud noises; washing hands; water on face; crying babies		
Communication Style: verbal; vocalization facial expressions		
Learning Style: modeling; verbal prompts; repetition		

Lead Review Completed: _____

Staff: Dainaja Parks **PAI** Service Recipient: Jack Festner

Date: Service Span: March 23-March 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies. 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: staff will cut food in bite size pieces, reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, constipation, anxiety, acne and symptons of ADHD. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does have a PRN. Daily medication at PAI? ☒ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: go's by hisself will ask for help.
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: triggers ~~[illegible]~~ may be unknown.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff see his fingers in his mouth ask him softly to take them out. anixety. a walk, self soothing
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: family, electronics, being active, going into the community, his own space, animals, sitting on bean bag

Important for: electronics, being active, going into the communty. quite enviroments, his own space.

Likes: ice cream, books, active in the community.

Dislikes: Loud ~~[illegible]~~ noises, crying babies, water on his face

Communication Style: verbal, vocalizations, body Language, Facial expression

Learning Style: Modeling,

Lead Review Completed: ____________

Staff: Sandy Greedy	PAI	Service Recipient: Jack Kestner
Date: 07/05/2023	Service Span: 3-23 - 3-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies 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: Supervise while eating - help cut his food - remind to take sm bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, constipation, anxiety, ASD, Adhd symptoms. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - for anxiety. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: will Ask if he needs help
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: over stimulated by noise - offer quiet place - head phones, soothing [illegible]
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: biting himself - take fingers out - offer a chewy - physical aggression - staff tell him when he's agitated engages in verbal - staff help w/ anxiety. Vomiting
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: family - electronics - going community animals, sitting on bean bag.	
Important for: family, electronics. quiet environment. reliability w/ staff knowing what to expect.	
Likes: family - ipad, books, movies, going on outing, biking, swimming, being active	
Dislikes: loud noises crying babies, washing his hands & water on his face	
Communication Style: verbal vocalization, body language & facial expres	
Learning Style: modeling, observation, verbal prompts	

Lead Review Completed: ____________________

Staff: Dom Stan

Date: 7-5-23

PAI

Service Recipient: Jack Kestner

Service Span: March 23-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal	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: supervision while eating reminders to take small bites	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd - constipation - ADHD - notify Kennady	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN.	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independent	
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: Baby Crying - Bothers him. headphone chewy	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bitting fingers remind to take out fingers. Tell him behavior is not ok. Verbal aggression take a break. help self sooth screeching head vomit - tell Kennady	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: Family - active. own space animals sitting on bean bag

Important for: electronics help regulat emotion self calming joining in Groups

Likes: Books movies Ice cream bangers

Dislikes: loud noises crying babys. water on his face

Communication Style: Verbal body language

Learning Style: modeling up verbal prompts

Lead Review Completed: _____

Staff: Rylee Schmidt

Date: 6/5/23

PAI

Service Recipient: Jack Kesner

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: Seasonal Allergies NO support @ PAI 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: ~~Staff~~ will provide Jack with consant supervision while eating take small Bites cut up food into bite size slowdown Reminders
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, constipation, anxiety, acne notify Kennedy Symptoms of ADHD DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Lorazepam Trained staff 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: Overstimulated - noise, some triggers may be unknown offer quiet place to move, Head Phone self soothing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites self - take finger out of mouth verbal aggression - try again / take Break offer Chewy take walk Vomits
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: family electronics being active going out in comm, quiet environment his own space Animals on Bean bag

Important for: Spending time w/family IPads, Books ~~raccoon hamburgers~~ ing Hiking ~~Biking Swimming~~ reliability Schedule Join group

Likes: Spending time w/family Hamburgers outing Icecream hiking Biking

Dislikes: Loud music Crying Babies washing hand / water on face

Communication Style: Verbal Vocalization Body language facial exp

Learning Style: Modeling Verbal prompts repetition observation

Lead Review Completed: _____

Staff: Jackie Ahles

Date: 7-5-23

PAI

Service Recipient: Jack Kerman

Service Span: 3-2023 to 3-2024

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: Seasonal allergies	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: Cut food, supervise while eating, remind to slow down and take small bites	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, constipation, anxiety, acne, symptoms of ADHD; sensitivity to some of symptoms of GERD.	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for anxiety	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Help as needed	
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: Overstimulated by noise. Offer headphones and quiet place.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Biting - have him use his words, offer activity. Physical aggression - move him to safe area, offer a walk or self soothing exercises. Verbal aggression - ask to take a break. Vomiting - notify home.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to:
Family, community, beanbags, electronics

Important for:
Electronics, quiet environments, help regulating emotions, part of groups

Likes:
Time with family, ice cream, books, outings, being active

Dislikes:
Loud noises, crying babies, washing hands, water on face

Communication Style:
Verbal, vocalizing, body language, facial expressions

Learning Style:
, modeling, verbal prompts, observation, repitition

Lead Review Completed: _____

Staff: Dona Yang | PAI | Service Recipient: Jack Kestner

Date: 7/5/23 | Service Span: 3/23 - 3/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal Allergies	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: provide supervision when eating, bite size pieces. reminders to take small bites, slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, constipation, anxiety, acne + symptoms ~ ADHD. → notify Kennedy	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for anxiety.	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: Appear over stimulated by noise, offer quiet place to move, headphones, soothing exercise.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite himself → calmly ask jack to take fingers out. quiet place. Behavior not okay, move to different place, block Deep breath, walk, sneezes, rubbing head. notify Kennedy if throw up / attempt vomit. aggression.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: family, electronics, active, community, animal, bean bag, quiet environment

Important for: electronics, active, reliability, schedule, self-calming, know what to expect.

Likes: spend time w/ family, electronic, book, ice cream/hamburger, active

Dislikes: loud noises, crying babies, washing hands, water on face.

Communication Style: verbal, vocalizations, body language, facial expressions

Learning Style: modeling, repetition, observation, verbal prompts

Lead Review Completed: _____

Staff: John Gebhardt

Date: 7/5/23

PAI

Service Recipient: Jack Kestner

Service Span: 8/23 to 8/24

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: Has seasonal Allergies 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: Supervise when eating and reminders to eat slow, take small bites of food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has GERD, Constipation. ADHD, Anxiety. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Has a PRN for Anxiety. 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: ~~offer him a quiet~~ ☒ 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: When over stimulated, staff can offer him a quiet place.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: If seen biting himself, ask what is bothering him. Anxiety. Staff to block any physical aggressions,
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time. offer him to take a break.
Important to: Family, animals, bean bags, community,	
Important for: Having Quiet Places, schedule, self calming, joining a group.	
Likes: Family time, I Pads Electronics, food, Being Active,	
Dislikes: Loud Noises, crying babies, washing hands, Water on Face	
Communication Style: Verbals, and facial expressions	
Learning Style: Modeling, Observation, Repitions.	

Lead Review Completed: _____

Staff: [illegible] PAI Service Recipient: Jack Kastner

Date: 7-5-23 Service Span: Mar 23-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal 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: Supervision Cut food bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd, acne, anxiety Constip, adhd DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: prn – anxiety 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: offer quiet place
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: biting – offer chewey physical aggression – staff block or take on a walk vomiting – tell Kennedy
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: family, active, sitten on beanbag
Dune, animals

Important for: electronics, reliability, group
Community, Schedule

Likes: family, ipad, [illegible], active
books, movies, [illegible], ice cream

Dislikes: loud noises, [illegible], water on face wash hands

Communication Style: verbal, body lang. body express

Learning Style: verbal prompts, rep.

Lead Review Completed: ____________

Staff: Daniel P

Date: 7/5/23

Service Recipient: Jack K

Service Span: 3/23 - 3/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergies 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: bite size pieces. Supervise when eating. remind to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, constipation, anxiety, and ADHD DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for anxiety 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: if over stimulated staff can offer him a quiet place or headphones
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: S.I.B, A.T.O., Verbal aggression, Anxiety, Vomiting
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	family, electronics, community, quiet environment, animals
Important for:	electronics, being active, quiet environments, knowing what to expect
Likes:	family, electronics, books, ice cream, hamburgers, swimming, hiking
Dislikes:	loud noises, crying babies, washing hands, water on face
Communication Style:	Verbal, vocalizations, body language, facial expressions
Learning Style:	modeling, observation, repetition, verbal prompts

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 7-5-23

Service Recipient: Jack Kestner
Service Span: 3/23 - 3/24

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order* Jack has seasonal allergies. Jack does not require any supports in this area at PAI.
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Staff will provide Jack with constant supervision while eating. Staff will help Jack cut his food into bite-sized pieces. Staff will provide Jack with verbal reminders to "slow down" and to "take small bites".
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* Jack's chronic medical conditions include GERD, constipation, anxiety, acne and symptoms of ADHD (not diagnosed). If Jack appears constipated or is experiencing GERD symptoms, notify Kennedy.
Medication: ☐ No ☐ Yes	Describe Supports: Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order* Jake has a PRN for anxiety (0.5mn Lorazepam tablet by mouth). A staff trained in medication administration will administer Jack's PRN per his protocol. Staff will offer Jack a cup of water with the medication.
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: If Jack appears to be over-stimulated (especially by noise, however, sometimes triggers may be unknown), staff can offer Jack a quiet place to move to. Staff can also offer him headphones and/or self-soothing exercises.

Lead Review Completed: _____

Staff: Nany Snyder
Date: 7-5-23

Service Recipient: Jack Kestner
Service Span: 3/23 - 3/24

Behavior Support: ☐ No ☐ Yes	List & Describe Supports: • **Self-injurious behaviors:** If staff sees Jack biting himself, staff should calmly ask Jack to take his fingers out of his mouth and use his words to tell them what he is upset about. Staff should then help Jack solve his problem. staff can offer Jack a quiet place to move to. Staff can also support him in engaging in self-soothing exercises. • **Physical aggression/conduct:** Staff will tell Jack that his behavior is not ok and will move him to safe area. Staff will attempt to block any aggressions. Staff can ask Jack if he wants to take a walk or engage in self- soothing exercises. • **Verbal aggression:** If Jack engages in verbal aggression, staff will ask him to "try again". If Jack continues to verbally aggress, staff can ask him to take a break. • **Anxiety:** If Jack appears anxious, staff will help him self-sooth (taking a walk, deep breaths, squeezes, rubbing his head, etc.). Jack does better if he can follow a daily schedule and knows what to expect. "First/then" language is also helpful for Jack, as well as verbal cues during transitions. Staff will ensure that Jack is able to be active in his environment. If Jack states that he feels sick/says his stomach hurts, staff can offer him water and rest. • **Vomiting:** Staff will notify Kenned if Jack vomits or attempt to vomit (may be a symptom of anxiety)
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: family, electronics, being active, going into the community, quiet environments, his own space, animals, sitting on a bean bag.	
Important for: electronics, being active, going into the community, quiet environments, his own space, help regulating his emotions, reliability (especially with staff), having a schedule/knowing what to expect, self-calming, joining the group.	
Likes: spending time with family, electronics/iPad, books, movies, ice cream, hamburgers, going on outings, hiking, biking, swimming, being active	
Dislikes: loud noises, crying babies, washing his hands/water on his face	
Communication Style: verbal, vocalizations, body language, facial expressions	
Learning Style: modeling, observation, repetition, verbal prompts	

Lead Review Completed: _____

Staff: Ilene M Lubvek
Date: July 7 - 2023

PAI

Service Recipient: Jack Kestner
Service Span: Mar 2023 - Mar 2024

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: Has seasonal allergies - Does not require any supports from PAI. 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: Constant supervision, staff will help cut food into bitesized pieces and open bottles as needed. Remind to slow down and take small bites.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic medical conditions include GERD, constipation, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: He has a PRN for anxiety. 1.5 Lorazepam tablet by mouth. Offer a cup of water with it. 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: If he appears over-stimulated (esp loud noise/unknown triggers) offer a quiet place to move to. Offer headphones or
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self-injurious - bites himself/puts fingers in mouth (calmly ask to take out) Verbal - try again. Anxiety - he self soothing exercises. may vomit when anxious. physical aggression - tell not ok and move to safe area/block aggression, offer a walk.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: his own space, animals, sitting on a bean bag, Family, electronics, being active, going into the community, quiet environments,

Important for: Electronics, being active, going into the community, quiet environments, his own space, help regulating his emotions, ~~reliability~~ reliability (esp with staff) having a schedule/knowing what to expect, self calming,

Likes: Spending time with family, electronics/Ipad, books, joining the group. movies, ice cream, hamburgers, going on outings, hiking, biking, swimming being active.

Dislikes: Loud noises, crying babies, washing his hands/water on his face.

Communication Style: Verbal, vocalizations, body language, facial expressions.

Learning Style: Modeling, observation, repetition, verbal prompts.

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 7-10-23

PAI

Service Recipient: Jack Kestner
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: seasonal allergies. 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: constant supervision while eating. Help him cut food into bite-size pieces. verbal reminders to slow down.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, constipation, anxiety, acne, & symptoms of ADHD (not diagnosed) DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency* Notify Kennedy if he is constipated or shows GERD symptom
Medication: ☒ No ☐ Yes	Describe Supports: PRN for anxiety. Staff will administer PRN's per protocol. offer cup of water with med. 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: If Jack is over-stimulated, staff will offer quiet place to move. also offer headphones.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurious, physical aggression, verbal aggression, Anxiety, Vomiting.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: —
Important to: family, electronics, being active, community, quiet environments, his own space, schedule	
Important for: electronics, being active, community, his space, reliability, schedule, self-calming	
Likes: time with family, electronics, books, movies, outings, hiking, biking, being active	
Dislikes: loud noises, crying babies, washing hands/water on his face.	
Communication Style: verbal, vocalizations, body language, facial expressions	
Learning Style: modeling, observation, repetition, verbal prompts	

Lead Review Completed: _____

Staff: TYLER BOWGARD

Date: 9/26/23

PAI

Service Recipient: JACK KESTNER

Service Span: JULY '23 - JULY '24

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: SEASONAL ALLERGIES – NO SUPPORTS @ PAI NEEDED 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: CONSTANT SUPERVISION WHILE EATING. CUT FOOD BITE SIZED. REMIND TO "SLOW DOWN" & "TAKE SMALL BITES"
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, CONSTIPATION, ANXIETY, ACNE, SYMPTOMS OF ADHD. NOTIFY PARENT IF HE SEEMS CONSTIPATED OR HAS GERD SYMPTOMS DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: PRN FOR ANXIETY – MED TRAINED STAFF ADMIN. AS NEEDED PER PROTOCOL (W/ CUP OF WATER) 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: CONSTANT SUPERVISON – DOES NOT LIKE CRYING BABIES ☒ 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: IF OVERSTIMULATED (BY NOISE OR OTHER TRIGGER), OFFER QUIET PLACE TO GO TO, HEADPHONES AND/OR SELF SOOTHING EXERCISES
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: IF BITING FINGERS, ASK TO USE WORDS TO EXPLAIN WITH HIS UPSET. IF VOMITS (OR TRIES TO) NOTIFY PARENT
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: FAMILY, ELECTRONICS, BEING ACTIVE, ANIMALS, HIS OWN SPACE, SITTING ON THE BEAN BAG

Important for: ELECTRONICS, BEING ACTIVE, COMMUNITY, QUIET ENVIRONMENTS, HIS OWN SPACE, HELP REGULATING EMOTIONS, KNOWING WHAT TO EXPECT (SCHEDULE/ROUTINE)

Likes: SPENDING TIME W/ FAMILY, ELECTRONICS/IPAD, BOOKS, MOVIES, ICE CREAM, OUTINGS, BIKING, SWIMMING

Dislikes: LOUD NOISES, CRYING BABIES, BODY LANGUAGE, [redacted] WATER ON HANDS FACE

Communication Style: VERBAL, VOCALIZATIONS, BODY LANGUAGE, FACIAL EXPRESSIONS

Learning Style: MODELING, OBSERVATION, REPETITION, VERBAL PROMPTS

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 10/6/23

PAI

Service Recipient: Jack Kestner

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: Seasonal allergies - no supports needed 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: Supervision while eating. Staff will cut his food into bite sized pieces. Verbal reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, constipation, anxiety, acne, ADHD (not diagnosed) relay any constipation or gerd symptoms to remedy. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for anxiety. 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: offer a quiet space when overstimulated. offer headphones & self soothing exercises.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of SIB, physical & verbal aggressions, anxiety, vomiting
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: family, electronics, being active, outings, quiet environments, help regulating emotions, reliability (especially w/ staff), knowing what to expect

Important for: Being included, going in the community, electronics, having a schedule

Likes: time w/ family, ipad, books, animals, zoo, being active

Dislikes: loud noises, crying babies, washing hands, water on his face

Communication Style: verbal, vocalizations, body language, facial expressions

Learning Style: modeling, observation, repetition, verbal prompts

Lead Review Completed: _____