In-service Training Log – Parkway

Date: 8/8/23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson and Mike Miner			Site-specific and Agency Updates
.5	Jess Gunderson and Jaime Meyer			AF and RT Comp quiz RF Remote Services comp quiz

Make up Date	Initial	EE ID	Name
	JM		Jaime Meyer
	CS		Cindi Stucky
	IL		Ilene Lubick
	JG		John Gebhardt
	PD		Pamala Davis
	JA		Jackie Ahlers
10/10/23	DR		Dainaja Ranson
	DM		Dennis Moua

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

Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
10/6/23	KS		Dolly Stein
	DY		Doua Yang
	SG		Sandy Greenly
	DS		Donna Storm
	LC		Lindsay Carlson
	ZW		Zach Weinmann
	AD		Abigail Downs

Other *Attendees*

	NK		Nikki Kenelty
	AW		Anna Wrich
	AJ		Angela Jennaro
10/12/23	TJ	(SUB)	TYLER JONGARD

Community Support: ■ **No** ☐ Yes	Describe Supports: **PAI will provide opportunities to socialize and engage with others and the community. Ryan will have a guardian (not a PAI staff) attend these outings with him. Ryan's guardian will provide physical supports and health/medical supports during the outing.**
Sensory Support: ☐No ☐ Yes ☐ N/A	List & Describe Supports: **N/A**
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: It is important to Ryan that he can follow his routines, that he has his transitional objects (ties, etc.) and that he can make his own/choices and decisions.

Important for: It is important for Ryan that staff respect his routines, that staff get to know him well (how he communicates and how to best help him with transitions) and that he can make his own choices and decisions throughout the day. It is important for Ryan that he is included and encouraged to participate.

Likes: Swimming, movies, puzzles, stuffed animals, parks, going on walks, iPad, music, dancing, YouTube, bowling, technology, target, bike riding, transitional objects (ties, stuffed snake, etc.)

Dislike: Sometimes he feels uncomfortable in large groups, being rushed, not having his transitional objects, not having time to process change, transitions can be difficult

Communication Style: Ryan communicates with verbalizations, vocalizations and body language.

Learning Style: Ryan learns best by having staff help him stay on task and by giving him positive feedback.

DSS Remote Outcome and steps:

It is important to and for Ryan that he can engage with his peers and the community.

Ryan will join a remote services session at least 1x/week.

Staff: Renee Schmidt

Date: ____________

PAI

Service Recipient: Ryan Farve

Service Span: ____________

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: garden staff
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
follow Routine make own choices/decisions

Important for: make choice encourage/included
Staff respect his routine get to know him/communicate/transition

Likes: [illegible] lunch target Bike ride
Swimming [illegible] puzzle parks walks [illegible] music dance

Dislike:
Large groups, rushed, not having transitional object process change

Communication Style:
Some verbal Body language

Learning Style:
help stay on task Positive feedback

DSS Remote Outcome and steps:

1x per week

Lead Review Completed: ____________

Staff: Angela Dennet — PAI — Service Recipient: Robbie Tulloch

Date: 8/8/23 — Service Span: 08/23 – 08/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastaut Syndrom aware & trained in	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces as needed, not talk while eating ~~watch areas that are~~	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne & cysts behind ears observe for cysts	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: verbally ask to slow down & walk with them Watch areas that are slippery...	
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 becomes overstimulated move to quiet place	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in trash direct him that it's not safe & to go wash hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: Food, outings, shredding, recorder, making own choices

Important for: regulating his emotions, making decisions, talking about feelings, different outings, socializing

Likes: recorder, pop & candy, being around friends, shredding

Dislikes: coffee, chili

Communication Style: verbal, modeling

Learning Style: verbal, modeling, hand over hand

Staff: Abigail Dawn | PAI | Service Recipient: Robbie Pollock

Date: 8-8-23 | Service Span: June 2023 - 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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastaut syndrome + seizure disorder.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite-sized pieces as needed ~ Remind him to take appropriate bite sizes and not to talk while chewing	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne, cysts behind ears - observe for signs of outbreaks + report to residential staff via phone call	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: Verbally ask him to slow down and walk with them, and to keep his eyes open, If an area is slippery or a surface is uneven ~ offer your hand to help keep him steady	
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 is overstimmulated or it is too loud, encourage him to go to a quiet place for a few minutes	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in the trash - redirect him to wash his hands and that it is not ok	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	
Important to: Pop, Outings, his recorder, shreading, being funny, making his own choices.		
Important for: Making his own choices/decisions, regulating his emotions, talking about his feelings, socializing, having alone time as needed, working, engaging in a variety of outings		
Likes: Recorder, pop + candy, music, ipad, being around friends, going out to eat, shreading		
Dislikes: Coffee + Chili		
Communication Style: verbal, modeling		
Learning Style: hand over hand, verbal modeling.		

Staff: Dana Yang | PAI | Service Recipient: Robbie Tulloch

Date: 8/8/23 | Service Span: 6/23 – 6/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastaut Syndrome ; seizure disorder	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite-sized pieces, as needed. Remind to take appropriate bites / not to talk while eating.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne & cyst behind ears. Report to residential staff.	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: verbal cues to slow down & keep eyes open. slippery or uneven, offer a hand.	
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 or too loud, encourage to go to a quiet space.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Dig in trash, redirect him that it is not safe & to wash hands.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: food, outfits, recorder, shredding, being funny, make own choices, pop

Important for: own choices / decisions, regulate emotions, socialize, alone time as needed, engage in variety of outings.

Likes: recorder, pop / candy, music, ipad, being around friends, shredding, going out to eat

Dislikes: chili, coffee

Communication Style: verbal, modeling

Learning Style: verbal, modeling, hand over hand

Staff: Jaime Meyer
Date: 8-8-23

Service Recipient: Robbie Tulloch
Service Span: 6-23/6-24

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*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: Robbie has Lennox Gastaut Syndrome and a Seizure Disorder. Staff are aware and trained on his seizure protocol.
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Staff will cut his food into bite-sized pieces as needed. Staff will remind him to take appropriate size bites and not to talk while he is chewing.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* Acne, cysts behind ears- observe Robby for signs of outbreaks and report to residential staff via phone call and an illness report will be completed and sent home.
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: Staff will verbally ask Robert to slow down and walk with them, and to keep his eyes open. If an area is slippery or a surface is uneven, staff will offer their hand to hold onto to help steady him when walking.
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 Robbie becomes over stimulated or the room is too loud, staff will encourage him to go to a quiet space for a few minutes.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Digging in the trash- Staff will redirect him, telling him it is not safe and direct him to wash his hands.
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Food, Outings, his recorder, shredding, being funny, making his own choices	
Important for: Making his own choices/decisions, regulating his emotions, talking about his feelings, socializing, having alone time as needed, working, engaging in a variety of outings	
Likes: Recorder, pop & candy, music, ipad, being around friends, going out to eat, shredding	
Dislikes: Coffee, chili	
Communication Style: Verbal, modeling	
Learning Style: Verbal, modeling, hand over hand	

Lead Review Completed: _____

Staff: John Gebhardt

Date: 8-8-23

PAI

Service Recipient: Robbie Tolloch

Service Span: 6-23/6-24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has Lennox Gasault Syndrome staff trained in protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces, eat slowly, No Talking when eating
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share to with EMT in emergency* Acne, Cysts behind ears - staff check behind ears to look for it,
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: Staff to offer assistance and remind him to walk slowly
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 gets oversimulated he will go to a calm, quiet space.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff redirect him, remind to Wash Hands
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.
Important to:	Food, outings, his recorder, being funny.
Important for:	Regulating Emotions Making choices,
Likes:	Candy, I Pad, Shredding Paper, Going on Outings
Dislikes:	Coffee and Chilli
Communication Style:	Verbal and Modeling,
Learning Style:	Verbal and Hand over hand.

Lead Review Completed: _____

Staff: Jackie Ahlers | PAI | Service Recipient: Robbie Tulloch

Date: 8-8-23 | Service Span: 6/23 - 6/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastaut Syndrome, staff to be trained on his seizure protocols	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Needs bite sized pieces as needed. Staff to remind to chew well.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: acne, cysts behind ears. Monitor for signs and report to residential staff via phone and fill out illness report	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: Staff will ask him to walk slowly, offer assistance as needed, advise of uneven pavement/surfaces.	
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 becomes overstimulated, staff will prompt to go to quiet place in building.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in the trash - staff will remind him it is unsafe and direct him to wash hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to:
Food, outings, shredding, his recorder, being funny, ~~Hockey~~

Important for:
Making own choices, talking about his feelings, having time alone, socializing, engaging in outings

Likes:
Recorder, pop and candy, IPAD, shredding, going out to eat

Dislikes:
Coffee, chili

Communication Style:
Verbal, modeling

Learning Style:
Verbal, modeling, hand over hand

Staff: Dawel P | PAI | Service Recipient: Robbie T.

Date: 8/8/25 | Service Span: 6/23 - 6/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennoxgastaut Syndrome
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size pieces remind to take bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne, Sists behind ears. Staff will report immediately if notice 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: Staff remind Robbie to watch where he's going
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 will offer Robbie a break in quieter area
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in Trash. Staff will redirect.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Food, outings, his recorder, being funny, shredding

Important for: making own choices, regulating emotions, talking bout his feelings

Likes: recorder, Pop and candy, music, ipad, shredding

Dislikes: coffee, chili

Communication Style: Verbal

Learning Style: verbal, modeling, hand over hand

Lead Review Completed:

Staff: Cindy Stuckey
Date: 8/8/23

PAI

Service Recipient: Robert Tulloch
Service Span: June 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: Robbie has had adverse reactions to succinimide, celontin, clonazepam, barbiturates lithium + Remeron - staff are aware of his history. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Robbie has Lennox Gastaut syndrome + a seizure disorder. Seizures controlled by meds. Call 911 for seizures greater then 10min.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut into bite sized as needed not to talk
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne, cyst behind ears, immunodeficiency depression, VitD, Iron, Calcium deficiency + osteopenia. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: a staff trained in medication administration will administer his meds. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: None
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: PAI staff will verbally ask him to slow down + walk by them + to keep his eyes open. offer hand to steady him
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will point out important signs or safety conditions + remind him to stop + look both ways before crossing street. ☐ 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: verbal cue to quiet area - take deep breaths + count to 10. Staff will encourage him to go to a quiet space.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Redirect from digging in trash, remind him its not safe + direct him to wash hands
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to: Family, food, outings, hangout time, friends, music, ipad, recorder, shredding, jokes, being funny, choices, decisions, going out to eat, pop

Important for: Choices, decisions, friends, emotions, feelings, socializing, alone time, working, engaging in a variety of outings.

Likes: recorder, pop, candy, music, out to eat, pad, friends, family, shredding, pop

Dislikes: coffee, Chili

Communication Style: verbal - modeling

Learning Style: verbal, modeling, hand over hand

Lead Review Completed: _____

Staff: Nancy Snyder

PAI

Service Recipient: Robbie Tullock

Date: 8-8-23

Service Span: 6/23 - 6/24

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*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastaut staff trained	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite sizes reminders, no talking while eating	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: acne/cysts behind ears	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: slow down, offer hand on ice	
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: move him to quiet space if room is loud	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Dissing in room - redirect	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:	

Important to: food, outings, recorder, shredding, choices, pop

Important for: choices, talking & regulated, alone time, outings

Likes: Pop, outings, recorder, iPad, going out to eat

Dislikes: coffee chili

Communication Style: Verbal, modeling

Learning Style: Verbal modeling, hand over hand

Staff: Donna Sloma

Date: 8-8-23

PAI

Service Recipient: Bobbie Tullock

Service Span: June 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:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: lennox gastaut	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut into bite size remind not to talk during eating	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Cysts behind ears arthi	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: Slow down Keep eyes open.	
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: Loud room remind him to find quiet place	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: digging in trash. Remind to wash hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: D	

Important to: food eating being Funny recorder making own choices P

Important for: making own choices - socializing -

Likes: recorder Pop music Being around friends

Dislikes: Coffee Chilly

Communication Style: Verbal modling

Learning Style: Verbal hand over hand modling

Staff: Lindsay Carlson

PAI

Service Recipient: Robbie Tulloch

Date: 8/8/23

Service Span: 10/23 - 6/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox-Gestalt syndrome → staff are trained on protocols	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized pieces as needed, not talking w/ food in mouth	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: acne cysts behind ears → check behind ears	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: verbally ask him to slow down & keep eyes open	
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 - loud → encourage him to go to a quiet space	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: digging in trash → direct away, say its not safe → to wash hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: food, outings, recordings, shredding, being funny, making choices

Important for: alone time as needed, socializing, own choices, regulating emotions, different outings, engaging w/ others

Likes: recorder, pop, candy, friends, music, art to edit, shredding

Dislikes: coffee, chili

Communication Style: verbal, modeling

Learning Style: verbal, modeling, hand over hand

Staff: Pam Davis

Date: 8/8/23

PAI

Service Recipient: Robbie Tullich

Service Span: June 23 - June 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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox Gastut - staff trained and aware on seizure protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut into bite size as needed, not to talk while eating, slow down if needed.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~acnee~~ acne / ~~cyst~~ behind ears Report to residental staff	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: Does himself.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff verbally advise to walk slowly & open eyes, offer hand if needed.	
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: Too loud = encourage to go to quiet space (orange patio)	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in trash - staff advise it's not safe & to wash hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: food, recorder, shredding, being funny.

Important for: own choices, decisions, socializing; alone time

Likes: pop, recorder, music, Ipad, going out to eat

Dislikes: Coffee, chili

Communication Style: Verbal, modeling

Learning Style: Verbal, hand over hand, modeling

Lead Review Completed:

Staff: Sandy Greeny | PAI | Service Recipient: Robbie Tulloch

Date: 9-5-24 | Service Span: 6-23-6-24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: - lennoxgestaut seizure disorder. Staff aware + trained on seizure protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut his food in bite size pieces as needed and not talk while eating.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: acne cyst behind ears.	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: staff monitor / to walk slow -	
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: Staff will encourage him to go to quiet room	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in trash. Staff will redirect - tell him to wash his hands - not	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: food. eating. recorder. shredding. being funny - making his own choices.

Important for: own choices - reg his emotions. socializing, working engaging in outings.

Likes: recorder, app candy. music. shredding. being around friends

Dislikes: coffee drinks.

Communication Style: verbal, modeling

Learning Style: verbal, hand over hand. modeling.

Staff: Elenem Lubrek

Date: Aug 18 2023

PAI

Service Recipient: Robbie Tuttle

Service Span: Jan 23 - June 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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has Lennox Gastaut syndrome and a seizure disorder. staff every where	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces, chew and don't talk.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne cysts behind the ears... check occasionally for it.	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: verbally tell him to slow down and watch where he is going esp in front of him!	
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 too loud environment offer a quieter area.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digs in trash so redirect and instruct to trash bags	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: recorder pop candy music socializing food, outings shredder make own choices, having time alone outings

Important for: Make decisions, regulate emotions, talk about feelings, socializing

Likes: Recorder, pop candy music, Ipad, friends, eat out, shredding

Dislikes: coffee, chili

Communication Style: Verbal, modeling

Learning Style: Verbal, modeling, hands on hard.

Staff: Kathryn Stein
Date: 10/6/23

Service Recipient: Ryan Favre
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: guardian will attend outing with him & provide physical supports and health/medical supports.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: routines, transition objects, choices	
Important for: others respecting his routines, staff getting to know him & how he communicates, choices, being encouraged to participate	
Likes: swimming, movies, puzzles, stuffed animals, walks, transition objects (ties, stuffed snake, ect.)	
Dislike: large groups, being rushed, not having transition objects, not having time to process, transitions	
Communication Style: verbalizations, vocalizations, body language	
Learning Style: Having help staying on task, positive feedback	
DSS Remote Outcome and steps: Ryan will join a remote services session at least 1x/week.	

Lead Review Completed: _____

Staff: Dainja Ramen
Date: 10/6/23

Service Recipient: Ryan Favre
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage w/other in the community
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: ~~It is~~ Important to ~~Ryan~~ Ryan that he can follow his routines, that he has his transitional objects (TMs, etc) and that he can make his own choices

Important for: It is important for Ryan that staff respect his routines, that he communicates on how to best help him transition

Likes: Swimming, Movies, PUZZLES, Stuffed animals, Parks going for walks

Dislike: Sometimes he feels uncomfortable in large groups/being rushed, not having his transitional objects, no time to process changes/transitions can be hard

Communication Style: Ryan communicates with verbalizations, vocalizations, and body language.

Learning Style: Ryan Learns best by having staff help him stay on tasks and by giving him positive feedback

DSS Remote Outcome and steps:
~~It is Important~~
It is important to and for Ryan that he can engage with his peers and the community. Ryan will join a remote services session at least 1x week.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 10/12/23

Service Recipient: RYAN FAVRE

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI WILL PROVIDE OPPORTUNITIES TO ENGAGE W/ OTHERS & THE COMMUNITY. A GUARDIAN (NOT PAI STAFF) WILL ATTEND W/ HIM & PROVIDE SUPPORTS DURING OUTING
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: THAT HE CAN FOLLOW HIS ROUTINES, THAT HE HAS TRANSITIONAL OBJECTS (DES, ETC) & MAKING OWN CHOICES/DECISIONS

Important for: THAT STAFF RESPECT ROUTINES, THAT STAFF GET TO KNOW HIM WELL, THAT HE IS INCLUDED & ENCOURAGED TO PARTICIPATE

Likes: SWIMMING, MOVIES, PUZZLES, STUFFED ANIMALS, PARKS, TECHNOLOGY, TRANSITIONAL OBJECTS

Dislike: (SOMETIMES) UNCOMFORTABLE IN LARGE GROUPS, BEING RUSHED, NOTHING TRANSITIONAL OBJECTS, NO TIME TO PROCESS CHANGES

Communication Style: VERBALIZATIONS, VOCALIZATIONS & BODY LANGUAGE

Learning Style: BY HAVING STAFF HELP HIM STAY ON TASK & GIVING HIM POSITIVE FEEDBACK

DSS Remote Outcome and steps:
IT IS IMPORTANT TO & FOR RYAN THAT HE CAN ENGAGE W/ PEERS & THE COMMUNITY.
RYAN WILL JOIN A REMOTE SERVICES SESSION AT LEAST 1X/WEEK.

Lead Review Completed: _____

Competency Tracking Form

Participant: Adam Fish

Annual Service Span: __June 2023 – June 2024____

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
	JM	Jamie Meyer
	JG	John Gebhardt
	IL	Ilene Lubick
	JG	Jess Gunderson
	SG	Sandy Greenly
	JA	Jackie Ahlers
8/8/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
10/6/23	KS	Dolly Stein
	DS	Donna Storm
8/8/23	CS	Cindi Stucky

Date Completed	Initials	Full Name
	AD	Abigail Daum
8/8/23	DY	Doua Yang
10/6/23	DR	Dainaja Ranson
	PD	Pamela Davis
	LC	Lindsay Carlson
	ZW	Zach Weinmann
		Josh Snodie
10/12/23	TB	Tyler Bongard
	AD	Angela Denny

Date Uploaded to LMS: _____

Staff: Pine Street

Date: 7/8/23

PAI

Service Recipient: Adam Fish

Service Span: 7/23 - 7/24

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: List in mar Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Loud noised last absent seizures 1998
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Visual auditory mom prepares food meals cut quarters SRC Adaptive equitment
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hyperhydrosis-sweating GERD 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: full assist - urinal - seated in chair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff assist w/ chair Seatbelt Secure
Community Support: ☒ No ☐ Yes	Describe Supports: Staff full assist to access resources ☒ 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 headphones for loud noise
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Thrashing move in manner into injury Inappropriate Behavior hitting Scratch Redirect to quiet place Laugh
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO
Important to: Soaps music Pet therapy being involved.	
Important for: quiet calm environment belt secured	
Likes: Music game shows magazine	
Dislikes: leaving program early being ignored Lobster	
Communication Style: Verbal	
Learning Style: Verbal demostrate	

Staff: Angela Denney | PAI | Service Recipient: Adam Fish

Date: 8/8/23 | Service Span: 7/23 - 7/24

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: when needed transportation during hours, staff will tell emergency personnel Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures last 1998, may state he has seizure when does not stay away from loud noises
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: quarter sized pieces, staff stay in visual and auditory distance, reminders to eat slowly, cup w/ long straw
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diagnosed with GERD Hyperhydrosis, makes sure to stay hydrated 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: Staff will assist with urinal while seated in chair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not walk, make sure seatbelt is fastened at all times
Community Support: ☒ No ☐ Yes	Describe Supports: Assist in community in resources ☒ 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 loud noises offer headphones or direct out of room; has glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Thrashing movements due to anxiety hitting scratching biting/ may transfer to floor mat, ~~presents~~ inappropriate laughter quiet place
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Soap operas, pet therapy being included	
Important for: quiet/calm environment ~~pet therapy~~, staff working with mental health needs, checking belt is secured	
Likes: music, game shows	
Dislikes: leaving program early, being ignored	
Communication Style: verbal	
Learning Style: verbal + demonstrate	

Staff: Dora Yang

Date: 8/8/23

PAI

Service Recipient: Adam Fish

Service Span: 7/23 - 7/24

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: Staff tell emergency medical personel of allergies, if needed to be transported to hospital. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures. triggered by loud repetitive noises. offer headphones, wheel Adam out of the room.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Quarter size pieces, keep within visual/auditory, verbal cues. served lunch by mom. Drink w/ straw.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diagnosed w/ GERD. Anxiety may cause to sweat. Hyperhidrosis & cause dehydration. 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: ASSist w/ urinal while seated in chair.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Assure belt is fastened at all times.
Community Support: ☒ No ☐ Yes	Describe Supports: ASSist Adam 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: wear headphones for loud noises, will go out if refuse. Encourage to wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Thrash + move that may resnlt in injury. If unable to calm down, parents will be notified. Redirect behavior or take to quiet place.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Soap Opears, music, pet therapy, be included

Important for: quiet / calm enviornment. check belt secured, assured to use the restroom, know mental health needs.

Likes: music, soap operas, magazine, game show (price is right).

Dislikes: lobster. leave program early, be ignored

Communication Style: verbal

Learning Style: Demonstrate, verbal

Staff: Abigail Davis | PAI | Service Recipient: Adam Fish

Date: August 8, 2023 | Service Span: 7-23 / 7-24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures (last in 1998), seizure like symptoms triggered by loud repetitive noises. When Adam is attending classes w/ loud triggering noise, staff will offer him headphones. If Adam refuses them - staff will ~~offer headphones~~ wheel him out of the room until the noises are done.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: sports cup w/ long straw quarter-sized pieces stay in visual + auditory range - Remind him to eat slow and chew thoroughly	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD Hyperhidrosis (excessive sweating) → at risk for dehydration Anxiety causes excessive sweating from his armpits and hands	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: staff will assist Adam w/ his urinal in the restroom while he is seated in his chair	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ensure seatbelt is fastened at all times	
Community Support: ☒ No ☐ Yes	Describe Supports: Assist him so that he can access resources	☒ 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: verbally encourage him to wear his glasses when he is doing up close work or reading. Staff will put them on for him	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Thrashing morits from anxiety, Biepolar Hitting, scratching, biting → able to stop these behaviors when he is verbally reassured that he is okay Inappropriate laughing	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Soap opera, music, pet therapy, being included	

Important to: calm/quiet environment, staff knowing his mental health needs, being assured he will be using the bathroom, checking his belt is secured

Important for: Music, soap operas, games, shows, magazines

Likes:

Dislikes: ~~Music, so~~ Leaving program early, lobster, being ignored

Communication Style: Verbal

Learning Style: Verbal, demonstrate

Staff: Jaime Meyer
Date: 8-8-23

Service Recipient: Adam Fish
Service Span: 7-23/7-24

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* If situation arises where Adam would need to be transported to hospital during day Program hours, Staff will verbally tell emergency medical Personnel of his allergies.
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures (last in 1998), seizure like symptoms triggered by loud, repetitive noises. Adam is aware when he has seizure like symptoms. Adam may state that he is having a seizure when he is not, and it is uncertain if he would be able to accurately report instances of seizure activity. When Adam is attending classes with loud triggering noises, staff will offer head phones. If Adam refuses them, Staff will wheel Adam out of the room until the loud noises are done.
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Adam will have meals cut up into quarter sized pieces to prevent him from choking. Staff will keep Adam within visual/auditory range while eating. Staff will remind him to eat slow and chew thoroughly. Adam uses adaptive eating equipment. He uses a sports cup with a long straw to drink with. He is on a combining diet as directed by physician and monitored by mother. Staff will serve Adam lunch prepared by his mother. Staff will set up his sports cup and straw for him and pour his beverage into his cup and position it where he can reach it.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* Adam has a diagnosis of Gastroesophageal reflux disease (GERD). At times his high level of anxiety may cause Him to sweat profusely from his armpits and hands. Staff will visually observe Adam for unusual behavior, mood swings, or unusual physical symptoms and Report these to his parents via phone call. Adam is also diagnosed with Hyperhidrosis (excessive sweating) putting him at risk for dehydration. Adam will drink his beverage at lunch time. If he refuses to drink, communicate this to mom via his daily log.
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: Staff will assist Adam with his urinal in the restroom while he is seated in his chair.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Adam does not walk, staff will assure his seat belt is fastened at all times.
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 assist Adam in the community so the he can access Resources.
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: When Adam is attending classes where appliances are being used, staff will offer Adam the option of wearing headphones to muffle the sound. If he does not take this option, staff will assist Adam with leaving the room. Once is stopped, Adam can be return to the room. Adam carries glasses in his backpack, staff will verbally encourage him to wear them when he is doing close up work or reading. Staff will have to put them on for him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Thrashing movements-Adam may become agitated because of his anxiety. He may thrash and move in a manner that may result in injury. If Adam is unable to calm down, staff can transfer him to a mat on the floor to help him relax. Adam's parents will be notified via phone and will be asked if they would like to pick him up. Hitting, scratching, biting-Adam is able to stop these behaviors when he is verbally reassured that he is ok. Adam may become agitated and attempt to hit, scratch or bite others. Staff will attempt to redirect this behavior and if needed, take Adam to a quiet place to calm down before returning to group. Inappropriate laughter-Adam understands that this can be hurtful to others. He has been known to laugh at others when they are in pain, sad, or angry. Staff will verbally explain that this behavior can be hurtful to peers. If Adam continues to laugh at the situation, staff will take Adam to a quiet place to calm down before returning to group.
Unsupervised time while at PAI? ☐ No ☐ Yes	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Important to: Soap Operas, music, pet therapy, being included
Important for: A quiet/calm environment, staff knowing his mental health needs, being assured he will be using the restroom, checking his belt is secured.
Likes: Music, soap operas, game shows, magazines
Dislikes: Leaving program early, Lobster, being ignored
Communication Style: verbal
Learning Style: Verbal, demonstrate

Lead Review Completed: _____

Staff: John Gebhardt | PAI | Service Recipient: Adam Fish

Date: 8-8-23 | Service Span: 7-23/7-24

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: – Listed on Med sheet If situation arrises if Adam needs to Go to Hospital staff inform. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Last absence seizure in 1998 Absense Seizures, Adam is Aware of it,
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Meals cut in Quarter size pieces, Watch Him. Mom prepares his lunches. Drinks with Straw.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has GERD. Visually observe him. Bipolar. Anxiety causes him to sweat a lot. 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: Staff assist him with his urinal in the bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Adam has wheelchairs, Assure seatbelts,
Community Support: ☒ No ☐ Yes	Describe Supports: Assure him of safety ☐ 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: Staff will assist adam, He has glasses in his backpack,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Trashing movements caused by anxiety, Has Bi polar. Adam has history of biting.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time at PAI
Important to:	Soap Opreas, Music, pets, being included
Important for:	checking that his belt is secured, Having a calm environment.
Likes:	Game Shows, Music, Laughing,
Dislikes:	Leaving early, being ignored, Lobster.
Communication Style:	verbal
Learning Style:	verbal

Lead Review Completed: _____

Staff: Jackie Ahlers | **PAI** | Service Recipient: Adam Fish

Date: 8-8-23 | Service Span: 7/23 - 7/24

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: If he needs to be transported to hospital, Staff must tell them about his allergies Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures (last 1988) which ~~cause~~ are caused by loud, repetitive noises. He is aware of his symptoms. Staff can offer headphones when it's loud in the room, if he refuses he can be wheeled out of room.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: He needs his food cut into quarter sized pieces. He needs to be within auditory/visual range while eating. He has adaptive equipment (cup with long straw). Staff to put cup w/ straw within his reach. Reminders to eat slow.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diagnosed with GERD, may sweat profusely. Monitor for unusual behavior. He's at risk for dehydration. If he refuses to drink, it needs to be communicated to residential. 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: Staff will assist him with urinal while he's seated in his wheelchair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: He doesn't walk. Staff needs to make sure he's always seatbelted in.
Community Support: ☒ No ☐ Yes	Describe Supports: staff to help him access resources ☒ 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 loud noises, offer head phones or to leave the room. for close up work he has glasses that should be offered. Hitting, scratching, threatening - staff needs to monitor for.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Adam can be inappropriate verbally and staff needs to take him to a quiet place if he continues.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to:
soap operas, being included, pet therapy, music

Important for:
quiet/calm environment, ensured he'll be able to use restroom, his belt being secured, staff knowing mental health needs

Likes:
Music, soap operas, magazines, game shows

Dislikes:
Leaving program early, lobster, being ignored

Communication Style:
Verbal

Learning Style:
Verbal, demonstrate

Staff: Daniel P | PAI | Service Recipient: Adam F.

Date: 8/8/23 | Service Span: 7/23 - 7/24

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: if Adam needs to go to hospital staff will alert medics about allergies. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absense seizures last in 1988 triggered by loud repetitive noises. May joke about this
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Meals cut into quarter size pieces. Staff stay within auditory and visual range when eating. Drinks out of straw remind to eat slowly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd. At times can sweat a lot from anxiety. Hyperhydrocis. Monitor fluid intake. 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: Staff assist with urinal while Adam remains in chair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Doesn't walk. Staff make sure seat belt is on
Community Support: ☐ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs. Staff will assist Adam in community
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will offer Adam earphones if room is noisy. Also offer sunglasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Thrashing movements when having anxiety. Also can hit, kick, and bite. Can laugh when others are experiencing pain
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Soap Opras, music, pet therapy
Important for:	quiet calm environment, using restroom, making sure belt is secured
Likes:	music, soap operas, game shows, magazines
Dislikes:	Leaving program early, lobster, being ignored
Communication Style:	Verbal
Learning Style:	Verbal, demonstrate

Staff: Cindi Stucky
Date: 8-8-23

PAI

Service Recipient: Adam Fish
Service Span: 7/23 – 7/24

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: Tegratol + Celexa. Has limited awareness of allergies + is @ risk of severe adverse or allergic reactions. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures (last 98) triggerd by loud, repetitive noises. Adams aware whe he has seizure like symptoms. Does not take meds for seizures.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Accepting of staffs assistance during meals. Cut in quarter size pieces. Remind him to eat slow + Chew thoroughly.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolar disorder, Anxiety, Sleep disturbance. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: None @ PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will assist in bathrm while he's seated in his chair.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Is accepting of staff assistance in maneuvering his wheelchair. Does not walk.
Community Support: ☒ No ☐ Yes	Describe Supports: Has some concept of the value of money (w/ interest). ☐ 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 he's attending class's where appliances are being used staff will offer option of wearing headphones to muffle sound. If he doesn't take option staff will assist w/him leaving so he can come back once done.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Thrashing movements, maybe come agitated due to anxiety. He could thrash + move in a manner that may result in injury.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None
Important to:	Soap operas, music, pet therapy – being included
Important for:	Quiet calm environment, mental health needs, being assured he will be using the restrm, Checking belts secured.
Likes:	music, soap operas, game shows, magazines, family, friends, once is right
Dislikes:	leaving early + unexpectedly, lobster, being ignored, work
Communication Style:	verbal
Learning Style:	verbal + demonstrate

Lead Review Completed: _____

Staff: Abby Snyder

PAI

Service Recipient: Adam Fish

Date: 8-8-23

Service Span: 7-23-/7/24

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: Hosp. Transport - tell EMS about allergies Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Absent seizures - 1998 - may say that he is having seizures - when he's not
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Quarter sz pieces, reminders, uses long straw cup w/ ↑
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, hyperhydrosis (sweating) 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: assist w/ wind - seated in chair
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Does not walk, staff make sure seatbelt is fastened
Community Support: ☐ No ☐ Yes	Describe Supports: assist - 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: -offer headphones - or leave room - glasses for reading
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: ~~inappropriate laughter~~ / hitting, scratching biting Thrashing movements - very high or anxiety, bi-polar - doesn't come in w/ very lows
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:
Important to: soap operas, music, pet therapy	
Important for: calm environment, checking that belt is secure	
Likes: Music, some shows, Magazines	
Dislikes: being ignored, leaving program early	
Communication Style: Verbal	
Learning Style: Verbal, demonstration	

Staff: Lindsay Carlson

Date: 8/8/23

PAI

Service Recipient: Adam Fish

Service Span: 7/23-7/24

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: Verbally tell emergency staff of allergies Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: absence seizures → loud, repetitive noises; aware of seizure activities but may not accurately portray
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: quarter-sized pieces → visual auditory distance, sports cup w/ straw
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD hyperhydrosis → excessive sweating anxiety may cause exess sweat 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: assist w/ urinal while seated in w/c
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ensure seatbelt is fastened at all times
Community Support: ☒ No ☐ Yes	Describe Supports: in community to access resources ☒ 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 option of wearing headphones & assisting him out of the room when there are loud noises
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: inappropriate laughing thrashing mvmts due to anxiety (in plans) hitting, scratch due to bipolar disorder (doesn't attend during plan-lows)
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Soap operas, music, Pet therapy, being included
Important for:	ensuring he will use BR, making sure belt is secured
Likes:	music, soap operas, music, magazines, Mel is right
Dislikes:	leaving program early, lobster, being ignored
Communication Style:	verbal
Learning Style:	verbal + demonstration

Staff: Pam Davis

Date: 8/8/23

PAI

Service Recipient: Adam Fish

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: If situation arrise staff will verbally tell Emergency Services his allergees. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absense seizures - loud/repetative noises - trigger Headphones / comforts the house.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: meal cut in quarter size pieces, remind to eat slowly. set up cup within reach. visual range adaptive equipment.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd - sweet, visually observe call supervisor hyperhydrosis - caused dehydration if refuses - let staff @ PAI know so can monitor can be noted to mom. 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: Staff will assist w/urinal while seated in chair.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Adam doesnt walk, make sure seatbelt fastened @ all times
Community Support: ☒ No ☐ Yes	Describe Supports: will assit so that he can access resources. ☒ 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: option = headphones for noises. glasses in backpack - staff will assist
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Thrashing movement; transfer to mat on the floor if notice. High/Lows = Adams not usually @ PAI. Hitting, scratching, biting = redirection or quiet place to calm down
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Soaps, music, being included	
Important for: quiet calm environment, Belt secured.	
Likes: music; game shows; magazines	
Dislikes: leaving program early, Lobster	
Communication Style: Verbal	
Learning Style: Verbal; demonstrate	

Staff: Donna Sterm | PAI | Service Recipient: Adam Fish

Date: 8-8-23 | 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: As situation arises - Let EMT Know of Allergies	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Last 1998 Absent Loud or sepedihue offer Head phones	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut food bite size sports cup w/straw Staff in visual remind to eat slow	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd Hyper Hydration "Sweat" will need water	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: urinal assit while in his chair	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Seat belt fastened at all times	
Community Support: ☒ No ☐ Yes	Describe Supports: assit 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: Loud noises - remove from room. Glasses while reading in Back pack	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Thrashing - call home. Bipolar usally in a high daughter when not apropriet.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Ø	

Important to: Soap Operas Being included

Important for: Belt fastened - assured will use rest room

Likes: Music game shows Magazines soapoprhs

Dislikes: leaving early lobster

Communication Style: Verbal

Learning Style: Verbal demenstraight

Staff: Body Greeny | PAI | Service Recipient: Adam Toth

Date: 8-8-24 | Service Span: 7-23-7-24

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: staff will verbally tell medical staff of his allergies. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absent seizures. Brinyon seizures loud repeat noises - he's aware of seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: meals w/ greater size - Keep food within reach for him. staff visual site to monitor while he eats.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gird. High level anxiety make him over sweat - Report if happen hyper-hydrosis - risk for dehydration 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: Staff assist w/ urinal while in his chair.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Adam does not walk staff make sure seatbelt on while in chair.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff assist while 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: offer head phones if too loud or leave the room. encourage to use glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: thrashing movement due to anxiety - inappropriate behavior. calm him down. crash mat on the floor. hitting, scratching, + biting - staff redirect behavior.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: Soap operas. pet therapy. computer	
Important for: Quiet calm environment.	
Likes: Music. soaps. game shows + magazines	
Dislikes: - leaving program early - being ignored. lobster	
Communication Style: - Verbal	
Learning Style: Verbal demonstrate	

Staff: Drew Mulvihill

Date: Aug 8 - 2023

PAI

Service Recipient: Adam Fish

Service Span: 7-23 to 7-24

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* If transported to ER staff will verbally tell them his allergies.
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has absence seizures last in 1 to 2 mins. Loud noises may want headphones or ear buds.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Stay in visual/auditory ranges. Wants his special cup Cut in quarter size pieces, remind to chew and eat slowly.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency* Has GERD, may sweat profusely which could lead to dehydration
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: Staff will assist with his urinal while seated in chair.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not walk - make sure seatbelt is always fastened
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Assist in community to resources
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Offer headphones or to leave room if too noisy and return
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Has highs and lows. Thrashing movements, Hit scratch. bite. Verbally reassure him stop
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Soap opera, pet therapy, music, being included

Important for: being assured he will use the restroom, check seatbelt is secured. Quiet calm environment, staff knowing his mental health needs;

Likes: Music soap operas, game, shows, magazines

Dislikes: Leaving program early, lobster, being ignored

Communication Style: Verbal

Learning Style: Verbal, demonstrate.

Staff: Kathryn Stein

Date: 10/6/23

PAI

Service Recipient: Adam Fish

Service Span: 7/23 - 7/24

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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Absence seizures (last in 1998) seizure like symptoms triggered by loud repetitive noises. Staff offer headphones if class has loud triggering noises or help him to another quieter room
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Food cut into quarter sized pieces. Staff will provide supervision when he is eating. He uses a sports cup w/ long straw to drink. He's on a combing diet as directed by mom & physician.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, anxiety, hyperhidrosis report any symptoms to his mom 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: Staff assist him with a urinal in restroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff assure his seatbelt is fastened at all times
Community Support: ☒ No ☐ Yes	Describe Supports: Staff assist in community to help him access resources. ☒ 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: Staff offer headphones to muffle loud noises or a quieter space. Has eye glasses in his backpack, staff verbal encourage him to wear glasses when doing close up work.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May thrash because of anxiety - staff can offer a flour mat if needed History of physical & verbal aggressions, staff will offer a quiet room
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: ND
Important to: Soap operas, music, pet therapy, being included	
Important for: quiet/calm environment, staff knowing his mental health needs, knowing when he will be using the bathroom next, seat belt staying secured.	
Likes: music, soap operas, game shows, magazines	
Dislikes: leaving program early, lobster, being ignored	
Communication Style: verbal	
Learning Style: verbal demonstrate	

Lead Review Completed: _____

Staff: Dainaja Ramesh

Date: 10/6/2023

PAI

Service Recipient: Adam Fish

Service Span: 7/23 - 7/24

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: Absence seizures (Last In 1998) Loud noises triggers it.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Adam will have meals cut up into quarter sized pieces to prevent him from choking. Staff will give verbal prompts
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gastroesophageal reflux disease hyperhidrosis. 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: Staff will assist Adam w/his urinal in the restroom while he is seated in his chair
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Adam does not walk, staff will assure his seat belt is on at all times.
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will assist Adam in the community so he can access resources ☑ 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: Staff will offer Adam the option of wearing headphones to muffle the sound. help him leave the room. Staff will assist.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Thrashing movements Adam may become agitated because of his anxiety.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to:
SOAP Operas, Music, Pet therapy, being included

Important for:
A quite/calm environment, staff knowing his mental health needs, being assured he will use the bathroom, checking his belt is secured.

Likes:
music, soap operas, game shows, magazines

Dislikes:
Leaving program early, Lobster being ignored

Communication Style:
Verbal

Learning Style:
Verbal demonstrate

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 10/2/23

PAI

Service Recipient: ADAM ESH

Service Span: 7-23 - 7-24

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: IF SITUATION ARISES WHERE HE WOULD BE TAKEN TO HOSPITAL, TELL EMERGENCY PERSONNEL OF ALLERGIES Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: ABSENCE SEIZURES (LAST IN 1998) SEIZURE LIKE SYMPTOMS TRIGGERED BY LOUD/REPETITIVE NOISE. OFFER HEADPHONES/WHEEL AWAY FROM NOISES
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: FOOD CUT QUARTER SIZED. PROMPT TO EAT SLOW/CHEW THOROUGHLY. COMBINING DIET - DIRECTED BY DOCTOR, MONITORED BY MOTHER.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: HAS GERD, HIGH ANXIETY - MAY SWEAT PROFUSELY FROM ARMPITS/HANDS. OBSERVE FOR UNUSUAL BEHAVIOR & REPORT ITEMS 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: ASSIST W/ CREAM WHILE HE'S SEATED IN CHAIR
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: STAFF WILL MAKE SURE SEATBELT IS ALWAYS FASTENED
Community Support: ☐ No ☐ Yes	Describe Supports: STAFF WILL ASSIST IN COMMUNITY SO HE CAN ACCESS RESOURCES ☒ 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 APPLIANCES ARE USED - OFFER HEADPHONES OR LEAVING ROOM. ENCOURAGE TO WEAR HIS GLASSES IF HE'S DOING CLOSE UP WORK OR READING
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: THRASHING MOVEMENTS (WHEN ANXIOUS) - MOVE TO FLOOR IF UNABLE TO CALM DOWN. HITTING/BITING - REASSURE IT IS OK. MAY INAPPROPRIATELY LAUGH - EXPLAIN IF HURTFUL
Unsupervised Time: ☐ No ☐ Yes	Describe Supports:
Important to:	SOAP OPERAS, MUSIC, PET THERAPY, BEING INCLUDED
Important for:	A QUIET/CALM ENVIRONMENT, STAFF KNOWING HIS MENTAL HEALTH NEEDS, BEING ASSURED HE WILL BE USING THE RESTROOM, CHECKING THAT SEATBELT IS SECURED
Likes:	MUSIC, SOAP OPERAS, GAME SHOWS, MAGAZINES
Dislikes:	LEAVING PROGRAM EARLY, LOBSTER, BEING IGNORED
Communication Style:	VERBAL
Learning Style:	VERBAL, DEMONSTRATION

Lead Review Completed: _____

Competency Tracking Form

Participant: Robbie Tulloch

Annual Service Span: __July 2023 – July 2024____

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
	JM	Jamie Meyer
	JG	John Gebhardt
	Ilene Lubick	Ilene Lubick
		Jess Gunderson
		Sandy Greenly
	JA	Jackie Ahlers
8/8/23	DM	Dennis Moua
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NJ	Nancy Snyder
10/6/23	KS	Dolly Stein
		Donna Storm
8.8.23		Cindi Stucky

Date Completed	Initials	Full Name
8/8/23	DY	Doua Yang
10/6/23	DR	Dainaja Ranson
	PD	Pamela Davis
	LC	Lindsay Carlson
	ZW	Zach Weinmann
	AD	Abigail Dawm
		Josh Snodie
10/12/23	TB	Tyler Bongard
	AD	Angela Denney

Date Uploaded to LMS: _____

Staff: RachelSwindell

PAI

Service Recipient: Robbie Tuttle

Date: _____ Service Span: June 23 – June 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*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Lennox gastaut	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite Size Cut as needed Remind Not talk while eating.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: acne, cyst behind ears	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Self	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer arm/hand Verbal to slow down	
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: to loud offer quiet place to calm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging trash– trash bands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to:
food cutting recorder shredding

Important for:
Make choice alone time feelings

Likes:
Rap recorder music read cutting food Shredding Candy

Dislikes:
Loud noises coffee Child

Communication Style:
Verbal modeling

Learning Style:
Verbal Demostrate modeling hand over hand

Staff: Angela Denney
Date: 8/8/23

Service Recipient: Ryan Ferree
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Provide opportunities to socialize + encourage with others. Will have gaurdian
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Follow routines, transitional objects, own choices

Important for: Staff respect routines, get to know him well, how to help him w/ transitions, own choices/decisions

Likes: swimming, movies, puzzles, parks, walks, iPad, music, dancing bowling technology, target, bike rides, transitional objects.

Dislike: uncomfortable in large groups, rushed, not having t objects not having time to process ~~transitions~~ change

Communication Style: verbalizations, vocalizations, body language

Learning Style: Staff help stay on task, positive feedback

DSS Remote Outcome and steps:
Join remote servic session once a week

Lead Review Completed: _____

Staff: Abigail Dawn

Date: 8-8-23

Service Recipient: Ryan Favre

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: will provide opportunities to socialize + engage w/ others and the community, Ryans guardians will attend these outings and are responsible for these
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Following routines, transitional objects (ties, etc), making his own choices/ decisions

Important for: Staff respect his routines and get to know how to help w/ transitions, how he communicate, being included + encouraged to participate

Likes: Swimming, movies, puzzles, stuffed animals, parks, going on walks, music, dancing YouTube, Ipad, bowling, target, bike riding, ~~transitional objects~~, technology

Dislike: Sometimes feels uncomfortable in large groups, being rushed, not having his transitional objects, not having time to process change, transitions can be difficult.

Communication Style: verbalizations, vocalizations, and body language

Learning Style: Learns best by having staff help him stay on task + positive feedback

DSS Remote Outcome and steps:
It is important to and for Ryan that he can engage w/ his peers and the community
Ryan will join remote services once a week.

Lead Review Completed: _____

Staff: Dana Yang
Date: 3/8/23

Service Recipient: Ryan Farrar
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: will provide opportunity to socialize. Ryan will have a guardian. Guardian will provide physical support / medical support.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: follow routine, transitional objects, make own choice/decisions

Important for: respect routines, staff get to know him + how he communicate + help w/ transition. own choices/decisions. Encourage to participate/included.

Likes: swimming, movies, puzzles, stuffed animal, parks, walks, iPad, music/dancing, Youtube, bowling, technology, Target

Dislike: sometimes feel uncomfortable in large groups; rushed; not having transitional objects, time to process change (difficult)

Communication Style: verbalizations - vocalizations, body language

Learning Style: staff help him stay on task + give positive feedback

DSS Remote Outcome and steps:

Important to and for Ryan that he can enage with peers.

Ryan will join remote service at least 1x week

Lead Review Completed: _____

Staff: Dennis Mowa

Date: 8/8/23

Service Recipient: Ryan Faure

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: socialize in community, guardian is responsible, physical / medical support on outing
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to:	follow routines, transitional objects, ties, makes own choices and decisions
Important for:	respect his routine, get to know him well as a participant, how he communicates, help him with transitions, make his own choices
Likes:	swimming, movies, puzzles, animals, parks, going on walks, iPad music, dancing, youtube / boats, technology, teleset, bike riding
Dislike:	[redacted], uncomfortable in large groups, being rushed, not having transitional objects, no time to process change
Communication Style:	some verbal initiation, vocalization, body language
Learning Style:	positive feedback
DSS Remote Outcome and steps: - join once a week	

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 8-8-23

Service Recipient: Ryan Faire
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Guardian will provide physical supports
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: Follow routines, transitional objects, make own choices

Important for: staff respect routines, staff get to know him, help w/transitions, be included & encouraged to participate

Likes: swimming, movies, walks, parks, youtube, music, target

Dislike: large groups, being rushed, not having transitional objects, not having time to accept change

Communication Style: some verbal, vocalizations, body language

Learning Style: staff help stay on task, positive feedback

DSS Remote Outcome and steps: Join 1 session per week

Lead Review Completed: _____

Staff: Daniel P

Date: 8/8/23

Service Recipient: Ryan F

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: ~~N/A~~ PAI will provide opportunities to socialize
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: follow routines, transition objects, to make own decisions	
Important for: staff respect routines, get to know him and how he communicates and transitions, make own choices, ~~to~~ be encouraged to participate	
Likes: Swimming, movies, puzzles, stuffed animals, parks, walks, ipad, dancing bowling, Target, bike rides	
Dislike: Sometimes large groups, being rushed, not having transitional objects,	
Communication Style: Verbalizations, Vocalizations, and body language	
Learning Style: Staff help to stay on track with positive feedback	
DSS Remote Outcome and steps: It's important to Ryan that he connects with community and peers. Will join remote services 1X week.	

Lead Review Completed: _____

Staff: Daniel P

Date: 8/8/23

PAI

Service Recipient: Ryan F

Service Span: 6/23 - 6/24

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*
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: ☐ No ☐ Yes	Describe Supports:	
Important to:		
Important for:		
Likes:		
Dislikes:		
Communication Style:		
Learning Style:		

Lead Review Completed:

Staff: John Gebhardt
Date: 8/8/23

PAI

Service Recipient: Ryan Faure
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage with others in community. Has Guardian
Sensory Support: ■ No ☐ Yes ~~☐~~ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided
Unsupervised time while at PAI? *No Supports Provided	
Important to: Follow Routines, Ties, Having choices,	
Important for: That staff respect his routines and how he communicates, Helping with choices,	
Likes: Swimming, Movies, Disney, puzzles, Parks, Stuffed Animals I pad, music, Dancing, Target, Bowling	
Dislike: ~~Each~~ being rushed, Large groups, Not having time to transi	
Communication Style: Some verbal, some vocals, Body language	
Learning Style: Best by positive feedback, staff helping him.	
DSS Remote Outcome and steps: He will goin service remote 1x week	

Lead Review Completed: _____

Staff: Pam Davis

Date: 8/8/23

Service Recipient: Ryan Favre

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Will provide; guardian responsible in community physical, medical while out in community.
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: follow routine, transition, own decisions & choices

Important for: Respect routine - staff, get to know him well & how he communicates and how to help with transitions - excluded -

Likes: swimming, movies, puzzles, stuff animals, parks, going on walks, music, dancing, Youtube, bowling, tech, Target

Dislike: uncomfortable in large groups, being rushed, not having transitional objects or processing change.

Communication Style: some verbal, vocalizations, body language

Learning Style: help stay on task & positive feedback

DSS Remote Outcome and steps: ~~Tour~~ 1 once a week Join

Lead Review Completed: _____

Staff: [illegible]

Date: Snyder

Service Recipient: Ryan Faure

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: guardian with him on outings he is responsible
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
follow routines, make choices & decisions

Important for:
respect routines, get to know him, help him w/ transitions

Likes:
swimming, movies, puzzles, parks, walks, bowling

Dislike:
large groups, being rushed, not having transitional items, change

Communication Style:
some verbalizations, body language,

Learning Style:
Positive Feedback

DSS Remote Outcome and steps:
Join session once a week

Lead Review Completed: _____

Staff: Lindsay Carlson
Date: 8/8/23

Service Recipient: Ryan Favre
Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: opportunities to engage → guardian responsible in community
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: follow routine, transitional objects, own choices/decisions

Important for: own choices + decisions, encourage to participate respecting his routines, staff get to know him + how he comm.

Likes: bowling, technology, target, bike riding, swimming, movies, puzzles, stuffed animals, parks, transitions, how to help w/

Dislike: large groups (sometimes), being rushed, not having walks, iPad, trans. objects, music, dancing

Communication Style:
some verbalizations, vocalizations, body language

Learning Style:
Positive feedback, staff helping him stay on task

DSS Remote Outcome and steps:
-Join remote services step 1x/week

Lead Review Completed: _____

Staff: Donna Storm

Date: 8-8-23

Service Recipient: Ryan Favre

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: guarden respasible for on outing
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: follow ~~routines~~ Routines make own choices

Important for: staff respect Routines staff get to know him well

Likes: swimming movies puzzels walks parks Stuffed animals I pad utub Bowling target Bike riding

Dislike: uncomfortable in large groups being rushed not haveing time to prosses for change.

Communication Style:

some verbal vocal body laung

Learning Style:

staff help him stay on task positive feedback

DSS Remote Outcome and steps:

join once a week

Lead Review Completed: _____

Staff: Sandy Greeny

Date: 8.8.2024

Service Recipient: Ryan Faire

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: gaurdian is responsible for during outing.
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: - Follow routine - transitions
Make his own choices

Important for: - staff respect his routines. Make own choices.
Staff get to know him well on how he communicates

Likes: - Swimming, movies, puzzles, stuff animals, parks, Walks
Ipad, music, dancing, bowling, technology, target

Dislike: - Uncomfortable in big groups - being rushed, not having his transitional objects, transitions can be difficult for him

Communication Style: - some verbal, vocal, + body language.

Learning Style: - Having staff help stay on task Positive feedback

DSS Remote Outcome and steps: - join remote x1 week.

Lead Review Completed: _____

Staff: Jackie Ahlers

Date: 8-8-23

Service Recipient: Ryan Faure

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: Will provide opportunities to socialize and engage with others and the community. He has a guardian.
Sensory Support: ~~■~~ No ☐ Yes, ~~☒~~ N/A	List & Describe Supports: ~~N/A~~
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
Follow routines, transitional objects, make own choices/ decisions

Important for:
Staff respect his routines, staff get to know him well, make own decisions, be encouraged to participate

Likes:
Swimming, movies, puzzles, stuffed animals, parks, walks, iPad, music, dancing, YouTube, bowling, technology, Easy E bike riding transitional objects

Dislike:
Feeling uncomfortable in large groups, being redirected, not having transitional objects or time to process change. Transitions are difficult.

Communication Style:
Some verbalizations, vocalizations, body language

Learning Style:
He learns best by having staff help him stay on task, positive feedback

DSS Remote Outcome and steps:
He will join a remote service once a week

Lead Review Completed: _____

Staff: Cindi Stuckey

Date: 8-8-23

Service Recipient: Ryan Favre

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: guardian will join in outing w/whats needed.
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to: follow routines
ties, choices & decisions

Important for: Staff respects routines
get to know him well & communicates

Likes: swimming pitches walks bowling petting
movies parks stuffed animals ipad dancing target

Dislike: large groups, transitionable objects (not having rushed,

Communication Style:
some verbal
vocal body lang.

Learning Style: Having staff help him stay on task
positive feed back

DSS Remote Outcome and steps:
join once a week.

Lead Review Completed: _____

Staff: Ilene Mlubiek

Date: Aug 8 - 23

Service Recipient: Ryan Favre

Service Span: _____

For Remote DSS training

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

Allergies:	List & Describe Supports: *No Supports Provided
Seizures:	Describe Supports: *No Supports Provided
Choking/ Specialized Diet:	Describe Supports: *No Supports Provided
Chronic Medical Conditions:	List & Describe Supports: *No Supports Provided
Medication:	Describe Supports: *No Supports Provided
Personal Cares:	Describe Supports: *No Supports Provided
Mobility/Fall Risk:	Describe Supports: *No Supports Provided
Community Support: ■ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage.
Sensory Support: ■ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support:	List & Describe Supports: *No Supports Provided

Unsupervised time while at PAI?
*No Supports Provided

Important to:
Follow routines, transitional objects, ties, make own decisions and choices

Important for:
staff respect his routines, and toget to know him will and to assist with transition, make choices, encourage participation

Likes:
swimming, movies, puzzles, stuffed animals, pasta, walks, Ipad, music dancing, youtube, bowling, technology to get videos

Dislike:
large groups, being rushed, not having transitional objects and transitional objects

Communication Style:
some verbalizations, vocalizations, and body language. to think it through.

Learning Style:
sta learns best if staff keep him on task and positive feedback.

DSS Remote Outcome and steps:
will join one once a week.

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 10/6/23

PAI

Service Recipient: Robbie Tulloch

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: Lennox Gastaut syndrome & a seizure disorder
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut food into bite sized pieces as needed. reminders to take small bites & to slow down.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne, cysts behind ears - report any issues to residental staff via phone call 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: Verbal reminders to slow down & to keep his eyes open. staff offer a hand when slippery or surface is uneven
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: May become overwhelmed when room is too loud. Staff encourage a quiet room instead
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in the trash - staff help redirect him & and remind him to wash hands.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO

Important to: Food, outings, his recorder, shredding, being funny, choices

Important for: choices, regulating emotions, talking about his feelings, socializing, having alone time as needed, outings

Likes: recorder, pop & candy, music, ipad, friends, going out to eat

Dislikes: coffee, chili, cheese

Communication Style: verbal ~~reminders~~

Learning Style: verbal, modeling, hand over hand

Lead Review Completed:

Staff: Dennaja Ransom

Date: 10/16/23

PAI

Service Recipient: Robbie Tatlock

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: Robbie has Lennox Gastaut Syndrome and a seizure Disorder, staff are aware and trained.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will cut his food into bite sized pieces as needed. verbal prompts
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne, CVSTS behind ears observe Robby for signs of outbreaks. and report to residental staff via phone 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: Staff will give verbal prompts to slow down staff will offer their hand to hold onto to help him.
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 Robbie becomes over stimulated or the room is too Loud, staff will encourage him to go to a quite space for a few mintues.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Digging in the trash- staff will redirect him, telling him it is not safe and direct him.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to:
Food, outings, his recorder, being funny, making his own choices

Important for:
making his own decisions/choices, regulations his emotions talking his Feelings, socializing, alone time, working, outings going out

Likes:
Recorder, pop, candy, music, Ipad, friends, to eat,

Dislikes:
coffee, chili

Communication Style:
verbal, modeling

Learning Style:
Verbal, Modeling, hand over hand

Lead Review Completed:

Staff: [illegible] BOARD

Date: 10/12/23

PAI

Service Recipient: ROBBIE ZELLACH

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: HAS LENNOX GASTAUT SYNDROME & A SEIZURE DISORDER
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: CUT FOOD BITE SIZE, REMIND TO TAKE APPROPRIATE SIZE BITES & NOT TALK WHILE CHEWING
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: ACNE, CYSTS BEHIND EARS – OBSERVE FOR SIGNS OF OUTBREAKS & REPORT TO HOME STAFF/SEND ILLNESS REPORT HOME 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: ASK ROBBIE TO SLOW DOWN/WALK W/ THEM & TO KEEP EYES OPEN. HELP AROUND OBSTACLES/SLIPPERY SURFACES
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 ROBBIE BECOMES OVERSTIMULATED OR ROOM IS TOO LOUD - ENCOURAGE HIM TO GO TO QUIET SPACE FOR A FEW MINUTES
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: DIGGING IN TRASH - STAFF WILL REDIRECT, TELL HIM ITS NOT SAFE & DIRECT HIM TO WASH HIS HANDS
Unsupervised Time: ☐ No ☐ Yes	Describe Supports:

Important to: FOOD, OUTINGS, HIS RECORDER, SHREDDING, BEING FUNNY, MAKING HIS OWN CHOICES

Important for: MAKING HIS OWN CHOICES/DECISIONS, REGULATING EMOTIONS, TALKING ABOUT FEELINGS, SOCIALIZING, MORE TIME AS NEEDED, WORKING, ENGAGING IN A VARIETY OF OUTINGS

Likes: RECORDER, POP & CANDY, MUSIC, IPAD, BEING AROUND FRIENDS, SHREDDING, GOING OUT TO EAT

Dislikes: COFFEE & CHILI

Communication Style: VERBAL, MODELING

Learning Style: VERBAL, MODELING, HAND OVER HAND

Lead Review Completed: