Competency Tracking Form

PAI Employment Services

Participant: Abenezer Fida **Annual Service Span:** 7-23 → 7-24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES 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
8-1-23	ZW	Zach Weinmann
8/8/23	AW	Anna Wrich
8/8/23	NK	Nikki Kereluk
11/8/23	AR	Annemieke Robinson

Date Completed	Initials	Full Name
7/17/23	DT	David Tsinu

Date Uploaded to LMS: _____

Staff: Zach Weinmann

Date: 8-1-23

PAI

Service Recipient: Abenezer Fida

Service Span: 7/23 → 7-24

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

Employment Services Phase: Exploration	
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: Tonic PRN-diazepam >5min 5mg P/O
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May take too large of bites,
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sz. disorder/hemiparesis (L) DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for Sz disorder Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Ind. unless dizzy
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait & dizzy spells
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 be overwhelmed by ~~large~~ loud environments
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, yelling, swearing, hitting, kicking,
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	
Important to: Time with friends, Family on weekends, Consistent Schedule	
Important for: Coping skills, Gaining independence, working out, being healthy, Making decisions.	
Likes: Video games, music, Singing, Art, Valleyfair, MOA, Pop music, Musicals	
Dislikes: Space invaded, Swearing, Cussing, ~~trump~~ inappropriate behavior	
Communication Style: Verbal	
Learning Style: Verbal instruction, modeling, repetition.	

Lead Review Completed: _____

Staff: Dave Turner
Date: 7/17/23

Service Recipient: Abenezer Fida
Service Span: 7/23-7/24

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

Employment Services Phase: Exploration	
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: Tonic - Diazepam - 5min - 5mg P/O
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May take to large of bites (staff will provide verbal reminds)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seizure Disorder / hemiparesis (L) DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN medication for seizure disorder Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independent unless dizzy
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNSTEADY gait + dizzy spells
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 by loud environments
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, yelling, swearing, hitting + kicking.
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	
Important to: Time with friends, Family on weekends, consistent schedule	
Important for: coping skills, gaining independence, working out, being healthy, making decisions.	
Likes: Video games, music, singing, art, Valley Fair, MOA, pop music, musicals	
Dislikes: Space being invaded, swearing, cussing, inapp to private behavior	
Communication Style: Verbal	
Learning Style: Verbal instruction, model, repeat	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/8/2023

Service Recipient: Abenezer fida
Service Span: 7/23 – 7/24

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

Employment Services Phase: Exploration		
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: Tonic. PRN) Diazepam - 5 min 5mg P/O	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: May take to large of bites	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: S2 disorder / ~~PRN~~ hemiparesis (L)	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN for S2 disorder	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Ind. unless Dizzy	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait & Dizzy spells	
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 be overwhelmed by loud environments	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: SIB, yelling, swearing, Hitting, Kicking.	
Unsupervised time while at PAI or in the community? ☑ No ☐ Yes		
Important to:		
Important for: time w/ friends, fam on weekends Consistent schedule		
Likes: Coping skills, gaining indep. working out. being Healthy Making Decisions		
Dislikes: Space invaded, swearing, inappropriate Behavior		
Communication Style: Verbal		
Learning Style: Verbal instruction, modeling, repetition.		

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 6/8/23

Service Recipient: Abenezer Fida
Service Span: 7/23 - 7/24

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

Employment Services Phase: exploration	
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: tonic (PRN) Diazepam - 5 min → 5mg (P/O)
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may take too large of bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seizure disorder / hemiparesis (L) DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: independent unless dizzy
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait & dizzy spells
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 be overwhelmed by loud environments
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB, yelling, swearing, hitting, kicking

Unsupervised time while at PAI or in the community? ☐ No ☐ Yes

Important to: time w/ friends, family on weekends, consistent schedule

Important for: coping skills, gaining independence, working out, being healthy, making decisions

Likes: video games, music, singing, art, Valley Fair, MOA, pop music, musicals

Dislikes: Space invaded, swearing, cussing, inappropriate behavior

Communication Style: Verbal

Learning Style: Verbal instruction, model, repeat

Lead Review Completed: _____

Staff: Anneliese K.

Date: 11/8/23

Service Recipient: Abenezer F.

Service Span: 7/23' - 7/24'

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

Employment Services Phase: Exploration

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: Tonic - diazepam PRN	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: may take too large bites - staff remind to take smaller bites	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seizure disorder - PRN (L) side hemiparesis - limited mobility on (L) side	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN - diazepam 5mg	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Ind. - unless feeling dizzy	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait, dizzy spells - staff offer arm to as sist; manual WC 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: loud environments - redirect quiet area	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Hx of SIB, yelling, swearing, throwing, hitting - redirect to quiet area, speak ! !	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: time w/ friends, taming on weekends, consistent schedule

Important for: coping skills, gaining ind., working out, being healthy, making decisions

Likes: video games, music, singing, art, Valley Fair, MOA, pop music, musicals

Dislikes: space invaded, swearing, cussing, inappropriate behavior

Communication Style: verbal

Learning Style: verbal instruction, modeling, repitition

Lead Review Completed: AN

Competency Tracking Form

PAI Employment Services

Participant: Cody Hansen **Annual Service Span:** 8-23 → 8-24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES 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
8-9-23	ZW	Zach Weinmann
8/10/23	AW	Anna Wrich
8/14/23	NK	Mikki Kereluk

Date Completed	Initials	Full Name
8/2/23	DT	David Turner
11/8/23	AN	Anne Nerenberg

Date Uploaded to LMS: _____

Staff: David Toine
Date: 8.2.23

Service Recipient: Cody Hansen
Service Span: 8/23 - 8/24

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

Employment Services Phase: Development		
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: Independent	
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: No meds at PAI	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: Independent	
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: Eyeglasses - May need reminders to clean glasses.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May pick at fingers - offer fidgets May answer "I'm tired" or "I dont know" when overwhelmed.	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: cats, working with hands, legos, video games.		
Important for: Appropriate communication, building skills to work with team rather than alone.		
Likes: Legos, cars, outdoors, plants & plant identification.		
Dislikes: OTHERS being repetetive, people not doing their jobs.		
Communication Style: Verbal		
Learning Style: Instruction & Demonstration (visual)		

Lead Review Completed: _____

Staff: Zach Weinmann

Date: 8-8-23

Service Recipient: Cody Hansen

Service Span: 8-23 → 8-24

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

Employment Services Phase: ~~Exploration~~ development		
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: Ind.	
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: Ind.	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Ind.	
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: Eyeglasses - may need reminders to clean them	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May pick fingers, offer a fidget. May answer "I'm tired" or "I don't know" when overwhelmed	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to:	Cats, working with his hands, Legos, video games, finding -	
Important for:	Appropriate communication, Building skills to work with a team rather than alone	
Likes:	Legos, Cars, outdoors, Plants & Plant identification	
Dislikes:	others being repetitive, others not doing their Job.	
Communication Style:	Verbal	
Learning Style:	Instruction & Demonstration.	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/10/23

Service Recipient: Cody Hansen
Service Span: 8/23 – 8/24

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

Employment Services Phase:	Development	
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: Ind.	
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: Ind.	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Ind.	
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: Eyeglasses - May need reminders to clean them	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May pick fingers. - offer fidget May answer "Im tired" or "I don't know" when overwhelmed.	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Cats, working w/ hands, Legos, video games.		
Important for: Appropriate communication, Building skills to work w/ a team rather than alone.		
Likes: Legos, cars, outdoors, plants and plant identification		
Dislikes: Others being repetitive, others not doing their job.		
Communication Style: Verbal		
Learning Style: Instruction & Demo.		

Lead Review Completed: _____

Staff: Nikki Kercluk
Date: 8/14/23

Service Recipient: Cody Hansen
Service Span: 8/23 - 8/24

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

Employment Services Phase: Development		
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: independent	
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: independent	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: independent	
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: eyeglasses - may need reminders to clean them.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may pick fingers - offer fidget may answer "I'm tired." or "I don't know" when overwhelmed	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: cats, working w/ hands, Legos, video games		
Important for: appropriate communication, building skills to work w/ a team rather than alone		
Likes: Legos, cars, outdoors, plants, plant identification		
Dislikes: others being repetitive, others not doing their job.		
Communication Style: Verbal		
Learning Style: instruction + demo		

Lead Review Completed: _____

Staff: Anneliese R.

Date: 11/9/23

Service Recipient: Cody H.

Service Span: 9/23 - 9/24

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

Employment Services Phase: develop/plan

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: Ind.	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: Hx of eloping	☑ 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: eyeglasses- may need reminders to clean	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: picking at fingers - otter fidget; "I'm tired", or "I don't know" when feeling overwhelmed	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: cats, working w/ hands, legos, video games

Important for: appropriate communication, building skills to work w/ a team rather than alone

Likes: Legos, cars, outdoors, plants, plant identification

Dislikes: others being repetitive, others not doing their job

Communication Style: verbal

Learning Style: instruction, demonstration

Lead Review Completed: AN

Competency Tracking Form

PAI Employment Services

Participant: Jericho frost **Annual Service Span:** 1/23 – 1/24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/13/23	DT	David Turner
7/14/23	NK	Nikki Kereluk
7/14/23	ZW	Zach Wenman

Date Completed	Initials	Full Name
11/8/23	AN	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Zach Weinmann

Date: 7-14-23

Service Recipient: Jericho Frost

Service Span: 1-23 → 1-24

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

Employment Services Phase: Plan/ Develop

Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Seasonal, Mold	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Isolated unknown	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Low Sugar diet	
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 N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: Remind to stay on task	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May Scratch/ Pick	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes Works independently @ school Sunrise Park

Important to: Fam, Affirmations positive impact, Bowling

Important for: trying new things, ask permission to help

Likes: Girlfriend

Dislikes: People invading his space

Communication Style: Verbal

Learning Style: Simple modeling. Rep.

Lead Review Completed: _____

Staff: Anna Urich
Date: 7/13/2023

Service Recipient: Jericho Frost
Service Span: 1/23 - 1/24

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

Employment Services Phase: Plan/ develop	
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Seasonal tree pollen and MOLD. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Isolated - unknown. Currently going to Doctor to learn more about his seizure activity.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: eats independently, - Low Sugar Diet. receptive to redirection.
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: Passed by med trained staff. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: indep.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal reminders to stay on task. and to use caution around traffic. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may scratch/pick scabs. - Happy to accept feedback/ redirection.

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes none at PAI.
Works independently at Sunrise Park - Bi-weekly check ins.

Important to: family, affirmations when doing good. make positive impact in community. Staying Busy. Volunteer/work. Bowling

Important for: trying new things. asking permission before Helping Me. maintaining independence.

Likes: Shopping, Disney movies, Vacation, girlfriend

Dislikes: Loud noises, rude people, people arguing/fighting People invading his space.

Communication Style: Verbal

Learning Style: Simple modeling. Demo of new task combined w/ Verbal instruction & repitition.

Lead Review Completed: _____

Staff: Dave Turner
Date: 7/13/23

Service Recipient: Jericho Frost
Service Span: Jan 2023 - Jan 202

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

Employment Services Phase: Plan/ develop	
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: SEASONAL Tree Pollen + mold Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Isolated unknown, currently going to Dr to learn more about seizure activity
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: EATS Independently Low Sugar Diet, Receptive to Redirection
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: Passed by trained staff Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal reminders to stay on task ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May scratch or pick at scabs, Happy to accept feedback (redirection)
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes NONE AT PAI Works independently at Sunrise Park, Bi weekly check ins.	
Important to: Family, affirmations when doing good, make positive impact in community, staying busy/ volunteer walk, bowling.	
Important for: Trying new things, asking permision before helping me Maintaining independence.	
Likes: Shopping, Disney Movies, Vacations, girlfriend	
Dislikes: Loud noises, rude people, people arguing/ Fighting People invading space	
Communication Style: Verbal	
Learning Style: Simple modeling - Demo of new task combined with Verbal instruction + repetition	

Lead Review Completed: _____

Staff: Nikki Kereluk

Date: 7/14/23

Service Recipient: Jericho Frost

Service Span: 1/23 - 1/24

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

Employment Services Phase: plan / develop

Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Seasonal	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: isolated unknown - doctor	
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: low sugar diet	
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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: reminders to stay on task caution around traffic	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: -	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May scratch/pick scabs. accepts redirection	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

none @ PAI. works independently w/ bi-weekly visits

Important to: family, affirmations, positive impact, busy, bowling

Important for: trying new things, asking before helping, maintain ind.

Likes: Shopping, disney, vacation, GF

Dislikes: loud, rude people, fighting, space invaded

Communication Style: Verbal

Learning Style: simple model, demo, instruction, repeat

Lead Review Completed: _____

Staff: Anneliese R.
Date: 11/8/23

Service Recipient: Jericho F.
Service Span: 1/23 - 1/24

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

Employment Services Phase: Develop/Plan

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, mold	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Isolated - unknown	
Choking/ Specialized Diet: ☐ No ☑ Yes	Describe Supports: low sugar diet	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: remind to stay on task	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may scratch or pick when anxious. staff redirect	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: Family, affirmations, making positive impact, bowling

Important for: Trying new things, helping

Likes: girlfriend

Dislikes: others invading his space

Communication Style: verbal

Learning Style: simple modeling, repetition

Lead Review Completed: AR

Competency Tracking Form

PAI Employment Services

Participant: Molly Sarne **Annual Service Span:** _____

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/14/23	NK	Nikki Kereluk
7/14/23	DT	Dave T
7-14-23	ZW	Zach Weinmann

Date Completed	Initials	Full Name
11/8/23	AR	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Dave T

Date: 7/14/23

Service Recipient: Molly Sauer

Service Span: 9/22 - 9/23

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

Employment Services Phase: Plan Development	
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: At risk for choking due to formation of palette,
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Apert Syndrome (malformation of skull, face, hands, feet DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: NA - self manages
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Slips while walking, will listen to staff cues
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs can be alone for 30 minutes uses cell phone proficiently
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Dx: Keratoconus (Relies on contacts) Hearing impaired
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May pick at skin (will accept redirection)
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes 30 minutes a	
Important to: Doing a good job, making money, working with animals, being on time	
Important for: opportunities to work, support to gain maintain independence, listening to wants + needs	
Likes: Music, Animals, walking, trampoline, watching tv, cookies, spaghetti	
Dislikes: Not being listened too, steaks + venison, bullying, racism	
Communication Style: verbal	
Learning Style: Observation, demonstration, verbal direction	

Lead Review Completed: _____

Staff: Zach Weinmann

Date: 7-14-23

Service Recipient: Molly Sarne

Service Span: 9-22 → 9-23

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

Employment Services Phase: Planning, development		
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: At risk of choking Scarring in trachea & formation of Palette	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Apert Syndrome, Receptive of Support Malformed Skull hands feet	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: Gallops around, verbally cue to slow down	
Community Support: ☒ No ☐ Yes	Describe Supports: Has cell Phone Can be alone up to 30 mins.	☒ 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: Keratonconus Hard contacts Hearing Loss	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Picks	
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes	30 mins Job coach as needed	
Important to:	Doing well, Animals, Being on time making choices	
Important for:	work opps. Gaining & Maintaining independence Listen to Wants / Needs	
Likes:	Music Animals working TV shopping napping Spaghetti	
Dislikes:	Not being listened to, yelled at by parents, Politics	
Communication Style:	Verbal	
Learning Style:	Observ Demo Verbal direct.	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/13/2023

Service Recipient: Molly Sarne
Service Span: 9/22 – 9/23

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

Employment Services Phase: development/ plan	
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: at risk of choking due to formation of her palate and scarring in her trachea. No dietary needs.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Apert Syndrome (malformations of the skull, face, hands, and feet.) receptive of help and support. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: full support Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: indep.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: skips while walking. Listens to cues to slow down when needed.
Community Support: ☒ No ☐ Yes	Describe Supports: can be alone in familiar locations - 30 mins. Has cell phone - uses it proficiently. ☒ 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: Diagnosed w/ keratonconus in 2017. relies on hard contacts to correct vision. Limited hearing in both ears. - hole in (L) ear.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May pick at skin. accepting of redirection.
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes up to 30 1:1 on shift - As needed	
Important to: Doing a good job, meaningful job/making money, working with/advocating for animals, being on time. making choices.	
Important for: opportunities to work, support to gain/maintain indep. grace when mistakes are made. Listening to her wants/needs.	
Likes: music, animals, working, trampoline, watching TV, shopping, napping, choc chip cookies, chic noodle soup, spaghetti.	
Dislikes: not being listened to. steak, venison, being yelled at by parents abuse, judging, bullying, criminals, negativity, racism.	
Communication Style: Verbal	
Learning Style: observation/demonstration. Verbal direction.	

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 7/14/23

PAI

Service Recipient: Molly Sarne
Service Span: 9/22 - 9/23

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

Employment Services Phase: develop / plan		
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: @ risk of choking - formation of pallete + scarring of trachea	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Apert syndrom	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: skips while walking - "slow down"	
Community Support: ☒ No ☐ Yes	Describe Supports: can be alone 30 minutes familiar locations / cell phone	☒ 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: Keratonconus - 2017 hard contacts, limited hearing, hole in left	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may pick, accepting	
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes up to 30 min 1:1 as needed		
Important to: doing good job, making money, animals, being on time, choices		
Important for: Work opportunities, support gain / maintain ind. grace when mistakes are made, listen to wants/needs		
Likes: music, animals, working, trampoline, TV, shopping, napping		
Dislikes: not listened to, steak, yelled at by parents abuse		
Communication Style: Verbal		
Learning Style: observe / demo / verb. direct		

Lead Review Completed: _____

Staff: Annemese R.

Date: 11/8/23

Service Recipient: Molly J.

Service Span: 10/23' - 10/24'

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

Employment Services Phase: Develop | Plan

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: Formation of palate & scarring in trachea - no dietary needs	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Apert syndrome - malformation of skull, face, hands, feet; receptive to support	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: Ind.	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Skipping while walking - receptive to reminders to slow down	
Community Support: ☑ No ☐ Yes	Describe Supports: alone in familiar location for 30 min utilizes cellphone	☑ 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: Keratoconus in 2017 - hard contacts to correct vision; limited hearing - hole in 1 ear	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may pick at skin - accepting of redirection.	

Unsupervised time while at PAI or in the community? ☐ No ☑ Yes 30 min

Important to: Doing a good job, meaningful job | making money, working w | advocating for animals, being on time, making choices

Important for: opportunities to work, gain | maintain ind., grace when mistakes are made, listening to her wants & needs

Likes: music, animals, working, trampoline, watching TV, shopping, napping, choc chip cookies, chick noodle soup, spaghetti

Dislikes: not being listened to, steak, venison, being yelled at by parents, abuse, judging, bullying, criminals, negativity, racism, homophobia

Communication Style: Verbal

Learning Style: verbal direction, demonstration.

Lead Review Completed: AR

Competency Tracking Form

PAI Employment Services

Participant: Sabrina Brower **Annual Service Span:** 7/1/2023 – 6/30/2024

Annual Meeting Date: July 12, 2023 **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/14/23	NK	Nikki Kerchik
7-14-23	ZW	Zach Weinmann
7/14/23	DT	Dave Tuinei

Date Completed	Initials	Full Name
11/8/23	AR	Annelieste Robinson

Date Uploaded to LMS: _____

Staff: Nikki Kerekuk
Date: 7/14/23

Service Recipient: Sabrina Brower
Service Span: 7/23 - 6/24

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

Employment Services Phase: Plan / develop		
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: sulfa meds	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: eats quickly, responds to reminders	
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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: -	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: history verbal abuse & throwing	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes
1:1 support if necessary (shift)

Important to: mom, grandma, family, electronics, active

Important for: Social to vent, increase coping, social skills decrease aggression

Likes: iPad, TV, mall, open gym, family, boyfriend, spaghetti, Perkins, puppies, sports

Dislikes: told no, no phone, brushing teeth/ hair, cleaning at home waking up

Communication Style: Verbal

Learning Style: Visual, Step by step

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 7-14-23

Service Recipient: Sabrina Brower
Service Span: 7-23 6-24

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

Employment Services Phase: Planning		
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Sulfa	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: Eats quickly	
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: Ind	
Mobility/Fall Risk: ☐ No ☐ Yes N/A	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: History of verbal & Physical aggression	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 Support on shift if needed.

Important to: Mom Grandma fam elect, being active

Important for: Someone to talk to Bettering Social skills Curb aggression

Likes: Ipad, chrome book mall gym fam Boyfriend

Dislikes: Being told no losing phone priveligcs, waking up

Communication Style: Verbal

Learning Style: Visual Step by Step

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/13/2023

Service Recipient: Sabrina Bower
Service Span: 7/23 – 6/24

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

Employment Services Phase: Development Plan	
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Sulfa medications Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eats quickly, May inadequately chew food -responds well to verbal reminders
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: Willingly takes meds when administered to her. 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: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of being verbally abusive and throwing things. She is receptive to redirection
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 support on shift if needed.	
Important to: mom/grandmother, family, electronics, staying busy, being active.	
Important for: Having someone to talk to when she needs to vent. increasing coping skills. Socializations skills, decreasing aggressive interaction	
Likes: iPad, Chromebook, watching TV, going to Mall, Open gym. family/boyfriend. Spaghetti, Perkins, Dunn Bros. PUPPIES, SPORTS	
Dislikes: Being told no. Losing Phone Privilages, brushing teeth/Hair. Cleaning at Home. waking up.	
Communication Style: Verbal	
Learning Style: Visual step by step instruction when learning new skill.	

Lead Review Completed: _____

Staff: Dave Turel

Date: 7/13/23

Service Recipient: Sabrina Blowe

Service Span: July 2023 - July 2024

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

Employment Services Phase: Develop / Plan	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sabrina is allergic to Sulfa medications. 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: Sabrina needs reminders to slow down while eating.
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: Once Sabrina begins job seeking - scheduling around when she needs medications could be an option. 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: Sabrina may become upset and become violent. Sabrina has a hx of being verbally abusive + throwing objects. Staff will redirect as needed
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	Should Sabrina secure a job 1:1 staff will be provided if required.
Important to: Her mother + grandmother who have recently passed away, her family, electronics, staying busy, family	
Important for: Having someone to talk to when she needs to vent, increasing coping skills, + socialization skills, attending community activities, decreasing aggressive interactions	
Likes: Electronics, (IPAD - chromebook) - likes to look up all things medical watching tv, going to the mall, open gym, spending time with family, TV	
Dislikes: Being told no, losing phone privledges, brushing teeth + hair	
Communication Style: Verbal	
Learning Style: Learns verbally - clear instructions.	

Lead Review Completed: _____

Staff: Annelese K.

Date: 11/9/23

Service Recipient: Jabnna B.

Service Span: 7/23' - 7/24'

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

Employment Services Phase:		
Allergies; ☐ No ☑ Yes ☐ N/A	List & Describe Supports: sulfa meds	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: may eat too quickly - receptive to reminders to slowdown	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: very trusting	☑ 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: Hx of verbal abuse & throwing objects - staff redirect to desired activity if needed.	

Unsupervised time while at PAI or in the community? ☐ No ☑ Yes

1:1 support if needed in community

Important to: mom, grandma, family, electronics, staying active

Important for: being social, venting when needed, increasing coping & social skills, decrease in aggressions

Likes: iPad, TV, mall, open gym, family, boyfriend, spaghetti, Perkins, puppies, sports

Dislikes: being told no, phone being taken away, brushing teeth/hair, cleaning at home

Communication Style:

verbal

Learning Style:

visual, step-by-step

Lead Review Completed: AK

Competency Tracking Form

PAI Employment Services

Participant: Aaron Burns **Annual Service Span:** 9/1/22 – 8/31/23

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/13/23	DT	Dave Twined
7/17/23	NK	Nikki Kereluk
7-17-23	ZW	Zach Weinmann

Date Completed	Initials	Full Name
11/8/23	AR	Annellese Robinson

Date Uploaded to LMS: _____

Staff: Anna Wrich
Date: 7/13/2023

Service Recipient: Aaron Burns
Service Span: 9/22 – 9/23

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

Employment Services Phase: Support/ Keep		
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: none at PAI or in community.	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: N/A	
Community Support: ☐ No ☒ Yes	Describe Supports: will seek help if needed	☒ 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: N/A	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes none at PAI. works independently - Bi-weekly visits.

Important to: Sticking to a schedule, working on assigned job. video games, movies, sports, Karate, Staying busy.

Important for: notifying of changes ahead of time. not being bothered while working. Praise when doing good. respect personal space.

Likes: Helping, working out, Puzzles, music, Hot Dogs, mac and cheese, Milk, video games

Dislikes: chicken legs, raisins, bananas, grocery store, sudden changes to schedule. when he cannot do what he likes.

Communication Style: Verbal

Learning Style: Simple modeling/ Demo. of new tasks w/ verbal instruction repitition.

Lead Review Completed: _____

Staff: Dave Turner

Date: 7/13/23

Service Recipient: Aaron Burns

Service Span: 9.1.22 - 8.31.23

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

Employment Services Phase: SUPPORT/ KEEP		
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: Does not take medication at PAI or while in community. IF Ø	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: NA	
Community Support: ☐ No ☒ Yes	Describe Supports: will seek help if needed	☐ 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: NA	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Ø unsupervised time PAI. Would assess need if job site required.

Important to: schedule, working on assigned job, video games, movies, sports, karate, staying busy

Important for: Notification of changes ahead of time, not being bothered while working, praise when job is well done. Personal space

Likes: Helping, working out, puzzles, music, Hot Dogs, mac + cheese, milk, video games

Dislikes: chicken legs, railings, bananas, gloomy stormy changes to schedule

Communication Style: Verbal

Learning Style: simple modeling / demo of new tasks w verbal instruction

Lead Review Completed: _____

Staff: Nikki Kerelulk
Date: 7/14/23

Service Recipient: Aaron Burns
Service Span: 9/22 - 9/23

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

Employment Services Phase: Support/Keep		
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: N/A	
Community Support: ☐ No ☒ Yes	Describe Supports: Will seek help if needed	☒ 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: N/A	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes
none @ PAI. works ind. bi-weekly visits

Important to: schedule, working on assigned job, video games, sports, staying busy

Important for: notifying of changes, not being bothered @ work. praise - good job. respect space

Likes: helping, working out, puzzles, music, milk, videos & games.

Dislikes: chicken legs, changes, cannot do what he likes

Communication Style: verbal

Learning Style: simple modeling, demo, repeat

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 7-17-23

Service Recipient: Aaron Burns
Service Span: 9-22-23 →

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

Employment Services Phase: Support / Keep		
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 N/A	Describe Supports:	
Community Support: ☐ No ☒ Yes	Describe Supports: will seek help if needed	☒ 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 N/A	List & Describe Supports:	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes None @ PAI Independent Bi-weekly visits		
Important to: Schedule, video games, movies, sports, Karate		
Important for: Notify of changes, Don't bother while working Praise		
Likes: Helping Hot dogs, Milk, video games		
Dislikes: Chicken legs, grocery stores, when he can't do what he wants		
Communication Style: Verbal		
Learning Style: Model, demo, verbal instruction		

Lead Review Completed: _____

Staff: Anne Lester

Date: 11/8/23

Service Recipient: Aaron B.

Service Span: 9/23 - 9/24

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

Employment Services Phase:

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: Ind.	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☐ No ☑ Yes	Describe Supports: Will seek help if needed	☑ 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: N/A	

Unsupervised time while at PAI or in the community? ☐ No ☑ Yes

Works independently. Bi-weekly visits

Important to: sticking to schedule, working on assigned job, video games, movies, sports, karate, staying busy

Important for: being notified of changes ahead of time, not being bothered while working, praise when doing well, personal space respected

Likes: Helping, working out, puzzles, music, hot dogs, mac & cheese, milk, video games

Dislikes: chicken legs, raisins, bananas, grocery store, sudden changes to schedule, when he cannot do what he likes

Communication Style: verbal

Learning Style: simple modeling, demo of new tasks w/ verbal instruction

Lead Review Completed: AN

Competency Tracking Form

PAI Employment Services

Participant: Hannah Brough **Annual Service Span:** 4/22/23 – 3/31/24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/17/23	NK	Nikki Kureluk
7-17-23	ZW	Zach Weinmann
7/17/23	DT	Dave T

Date Completed	Initials	Full Name
11/9/23	AR	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Anna Wrich
Date: 7/13/2023

Service Recipient: Hannah Brough
Service Span: 4/23 – 4/24

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

Employment Services Phase: Plan / Develop – VRS.	
Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Horses, cows, Hay Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: seizure disorder and epilepsy may bite lips or pull own hair during seizure. mild jerking/twitching on (L), Darting eyes.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: can chew/swallow indep. May need reminders to not overeat. receptive to redirection
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: tinnitus. can verbalize when she hears ringing or feels unsteady may need to hold someones hand/arm. DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: full support Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: indep.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☑ No ☐ Yes	Describe Supports: Has walked away from group. cannot use public transportation Does not have appropriate boundaries w/ strangers. ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: can verbalize when she hears ringing or feels unsteady.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI or in the community? ☑ No ☐ Yes none	
Important to: family, being in a relationship, church, her electronics, working, collection of movies/CDs. independence, decisions for self.	
Important for: finding independence in living alone. family support, Having support managing appointments, socializing	
Likes: Wandering in farm fields, seeing cousins and Aunt Becky. hanging in room. napping, shopping, cabin w/fam, movies, church	
Dislikes: getting yelled at. Loud voices, Arguing, unclear expectations. not being involved in own decisions. feeling unheard	
Communication Style: Verbal	
Learning Style: Simple modeling / Demo of new tasks. Verbal instructio	

Lead Review Completed: _____

Staff: Nikki Kereluk

Date: 7/17/23

Service Recipient: Hannah Brough

Service Span: 4/23 - 4/24

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

Employment Services Phase: plan / develop (VRS)

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: horses, cows, hay	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: epilepsy / disorder (bite lips. pull hair. left side twitch, darting eyes)	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: reminders to not over-eat	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tinitis	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: has walked away from group cannot use public transportation	☒ 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: Verbalize when hearing ringing / unsteady	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: family, relationship, church, working, movies / CDs independence

Important for: independence in living alone, family support help managing appointments

Likes: wandering in farm fields, seeing cousins & aunt Becky napping, cabin, church

Dislikes: yelled out, arguing, unclear expectations, feeling unheard

Communication Style: Verbal

Learning Style: simple model / demo / verbal instruction

Lead Review Completed: _____

Staff: Zach Weinmann

Date: 7-17-23

Service Recipient: Hannah Brough

Service Span: 4-23 → 4-24

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

Employment Services Phase: ~~Exploration~~ Plan/develop

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Horses/ cows/ Hay	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Epilepsy, Sz. disorder	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Remind to not overeat	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tinitis	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 N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: wanders, No public transportation	☒ 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: Ringing	
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Fam, relationship, church, working ind. Decisions

Important for: Independence, Fam, appts. Socializing

Likes: Farms, cousins, room, napping, Cabin, Shopping

Dislikes: Getting yelled at, arguing, feeling unheard

Communication Style: Verbal

Learning Style: Verbal inst. Modeling

Lead Review Completed: _____

Staff: Dave Tow

Date: 7/12/23

PAI

Service Recipient: Hannah Brough

Service Span: 4/23 - 4/24

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

Employment Services Phase: Planning/Development

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Horses, Hay, Cows Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, epilepsy, twitching, darting eyes
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May need reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Ear Ringing - lead arm when needed DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NONE AT PAI 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: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Has walked away from group 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: Will verbalize when ears ring.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Family, being in relationship, church, electronics, movies, CD, decisions

Important for: independence with living alone, managing appointments

Likes: movies, church

Wandering in farm fields, seeing cousins, aunt Becky, cabin with family

Dislikes: Getting yelled at, arguing, not being involved, feeling unheard

Communication Style: Verbal

Learning Style: simple modeling, verbal instruction, demonstration

Lead Review Completed: _____

Staff: Anneseer.

Date: 11/8/23

Service Recipient: Hannah B.

Service Span: 4/23' - 4/24'

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

Employment Services Phase: Develop/Find - VRS

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Horses, cows, hay	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, epilepsy - may bite lips or pull own hair; mild jerking, twitching on R side, darting eyes	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Chews & swallows ind. - reminders to not overeat, receptive to redirection	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Tinnitus - can verbalize when hearing ringing or feeling unsteady; may need balance assistance	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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: Has explored away from group; cannot use public transportation; stranger reminders - no appropriate boundaries	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Can verbalize when hearing ringing or feeling unsteady	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: Family, being in a relationship, church, electronics, working, collection of movies/CDs, independence, decisions for self

Important for: Finding independence in living alone, family support, having support managing appts, socializing

Likes: wandering in farm fields, seeing cousins & Aunt Becky, hanging in room, napping, shopping, cabin w/ family, movies, church

Dislikes: getting yelled at, loud voices, arguing, unclear expectations, not being involved in own decisions, feeling unheard

Communication Style: verbal

Learning Style: simple modeling, demo of new tasks, verbal instr.

Lead Review Completed: AA

Competency Tracking Form

PAI Employment Services

Participant: Angel McQuiston **Annual Service Span:** 12/1/22 – 11/30/23

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	AW	Anna Wrich
7/17/23	NK	Nikki Kerelnk
7-17-23	ZW	Zach Weinmann
7/17/23	DT	Dave Tenn

Date Completed	Initials	Full Name
11/7/23	AR	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Anna Wrich
Date: 7/13/2023

Service Recipient: Angel McQuiston
Service Span: 12/22 – 12/23

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

Employment Services Phase:	Develop / Plan
Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Penicillin & seasonal — Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports:
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: may have difficulty swallowing food, May need reminders to take smaller bites.
Chronic Medical Conditions: ☐ No ■ Yes ☐ N/A	List & Describe Supports: ADHD, Migraines, Asthma, Laryngomalacia. Self aware of conditions. — DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ■ Yes	Describe Supports: Self manages using battery operated dispenser at Home. — 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: N/A
Community Support: ■ No ☐ Yes	Describe Supports: may become uncomfortable in unfamiliar places. — ■ 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: Sensitive to loud environments - Asks to take a break. willingly wears glasses to correct vison Impairment
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Aware of ADHD - works on skills to help organization & frustration.
Unsupervised time while at PAI or in the community? ■ No ☐ Yes 5mins. 1:1 at work	
Important to: time w/ family, Shopping, expressing creativity through fashion. working/making money, relationships. Skills to be indep.	
Important for: patient staff. Choices & being a part of her decision making, using coping for anxiety. time to process and to formulate answers/responses.	
Likes: Shopping, Music, fashion, using technology, being helpful Learning new things, joking, Laughing, Having fun.	
Dislikes: to much noise, Loud People/ environments, Crowds, Long car rides, expectations that are not explained to her.	
Communication Style: Verbal	
Learning Style: observation/ Demonstration. Verbal Direction.	

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 7/19/23

Service Recipient: Angel McQuista
Service Span: 12/22 - 12/23

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

Employment Services Phase: plan/develop		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, penicillin	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: difficulty swallowing	
Chronic Medical Conditions: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: ADHD, migrains, asthma, laryngomalacia	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: self-manages	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: may become uncomfortable in unknown places	☒ 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: glasses. may get overwhelmed loud places	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: aware ADHD · working on skills for organization	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes (up to 5 min) 1:1 @ work

Important to: Family, shopping, fashion, working / $, relationships independence

Important for: patient staff, choices, decision making coping skills, process time

Likes: shopping, tech, helping, learning, jokes

Dislikes: too much noise, loud ppl, long car rides, expectations not explained

Communication Style: verbal

Learning Style: observe, demo, verbal direction

Lead Review Completed: _____

Staff: Zach W.

Date: _____

Service Recipient: Angel McQuiston

Service Span: 12-22 → 12-23

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

Employment Services Phase:	Development / Planning	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Penicillin, Seasonal	Medication Allergies? ☒ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: remind to eat slow	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, asthma, Laryngomalacia	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Self manages @ Home	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 N/A	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: Sensitive to noise. Glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Aware of ADHD.	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	1:1 @ work	
Important to:	Fam, Shopping, fashion, work, relationships, Ind.	
Important for:	Patient staff, choices, Coping, process time	
Likes:	Helping, joking	
Dislikes:	Noise, Loud people, crowds, long car rides	
Communication Style:	Verbal	
Learning Style:	Obs. / Dem. verbal direction.	

Lead Review Completed: _____

Staff: Dave Tow

Date: 7/17/23

Service Recipient: Angel McQuiston

Service Span: 12/22 - 12/23

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

Employment Services Phase: Development/ Planning

Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Penicillin	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: May have difficulty swallowing food	
Chronic Medical Conditions: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: ADHD, Asthma, laryngomalacia	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: self-manages with bottle opened device of time	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: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: May become uncomfortable in unfamiliar places	☒ 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: sensitive to loud noises, wears glasses for vision impairm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Aware of ADHD, works on skills to assist	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Up to 5 minutes for bathroom,

Important to:

time with family, Fashion, working/making $, relationship, skills for indep

Important for:

Patient staff, choices & being part of decision making, coping for anxiety.

Likes:

shopping, music, fashion, technology, joking & having fun

Dislikes:

too much noise, long commutes, unrealistic expectations

Communication Style:

Verbal

Learning Style:

Verbal Direction, observation

Lead Review Completed: _____

Staff: Angel M.

Date: 11/7/23

Service Recipient: Angel M.

Service Span: 12/22 - 12/25

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

Employment Services Phase: Develop/maintain support/keep

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Penicillin, seasonal	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: remind to take small bites	
Chronic Medical Conditions: ☐ No ☑ Yes ☐ N/A	List & Describe Supports: ADHD, migraines, asthma, language mild auto-self aware	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☑ Yes	Describe Supports: DOSE machine @ home	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: may be uncomfortable in unfamiliar places	☑ 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 environments - asks to take breaks; eyeglasses - ind.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: ADHD - self aware - staff encourage organization & frustration skills	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

1:1 job coach

Important to: time w/ family, shopping, expressing self w/ fashion, working, making money, skills for ind.

Important for: patient staff, making choices, coping skills for anxiety, time to process & formulate answers

Likes: shopping, music, fashion, using technology, being helpful, learning new things, joking, laughing, having fun

Dislikes: too much noise, loud people/environments, crowds, long car rides, expectations not being explained

Communication Style: verbal

Learning Style: observation, demonstration, verbal direction

Lead Review Completed: AN

Competency Tracking Form

PAI Employment Services

Participant: Ann Strassburg **Annual Service Span:** May '23 - May '24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES 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
8/4/23	AW	Anna Wrich
8/4/23	NK	Nikki Kerelut
8/10/23	ZW	Zach Weinmann

Date Completed	Initials	Full Name
8/1/23	DT	Dove Turner
11/7/23	AR	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Dave Turno

Date: 08/01/2023

PAI

Service Recipient: Ann Stassburg

Service Span: 5/23 - 5/24

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

Employment Services Phase: VRS FIND

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: Diabetes, overweight, high cholesterol, struggles w/ making healthy choices/portion sizes, checks blood sugar at home	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: • Arm tremors, Hepatitis B • knows when to take a break or switch tasks	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: knows what meds she takes + why • No time management	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: does not always have a good judgement. Stealing/ food choices	☒ 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: Glasses - does not wear • mild myopia	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 at work

Important to: Working/trying new jobs, relationships w/ peers, family, staying active in community

Important for: Good Health, eating well, stable blood sugar, opportunities to walk, leisure activities

Likes: Working, time w/ Family, Asian Food, music, cooking, iPad

Dislikes: Drama, working easy jobs (A1, AZ) classes @ PAI interruptions while working, rude people

Communication Style: Verbal

Learning Style: Visual/verbal prompts (prefers not to be overstimulated)

Lead Review Completed: _____

Staff: Nikki Kereluk

Date: 8/4/23

Service Recipient: Ann Strassburg

Service Span: 5/23 - 5/24

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

Employment Services Phase: VRS Find		
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: Diabetes, overweight, high ~~colo~~ cholesterol struggles w/ making healthy choices / portion sizes · checks blood sugar at home	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: arm tremors * Hep B · knows when to take a break or switch tasks	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Knows what meds she takes and why * no time management	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: does not always have good judgement - stealing/food choices	☒ 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: glasses- does not wear · mild myopia	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 at work		
Important to: working / trying new jobs, relationships w/ peers, family, staying active in community		
Important for: good health, eating well, stable blood sugar, opportunities to work, leisure activities		
Likes: working, time w/ family, asian food, music, cooking, ipad		
Dislikes: drama, working easy jobs (A1, A2) ~~classes~~ classes @ PAI interruptions when working, rude people		
Communication Style: verbal		
Learning Style: visual / verbal prompts (prefers not to be over-assisted)		

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/4/2023

Service Recipient: Ann Strassburg
Service Span: 5/23 – 5/24

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

Employment Services Phase: VRS Find		
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: Diabetes, over weight, High Cholesterol. Struggles w/ making Healthy food choices and portion sizes. -checks blood sugar at Home.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Arm tremors. * Hep B -Knows when she needs a break or to change tasks.	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Knows what Meds she takes and why. -NO time management	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: indep.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Does not always have good judgement. ex.) Stealing, food choices.	☒ 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: Prescribed glasses, does not wear. -Mild Myopia	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 at work.		
Important to: working/trying new jobs. relationships w/ Peers. family, Staying active in Community.		
Important for: good Health, eating well, Stabilize blood Sugar Levels, Continuing to have opportunities to work & Leisure activities.		
Likes: working, time w/ family, Asian food, music, cooking, using an iPad.		
Dislikes: Drama, working easy jobs (A1, A2) classes at PAI, interruptions when working, rude people.		
Communication Style: Verbal		
Learning Style: Visual/Verbal Prompts Prefers Not to be over assisted		

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 8-10-23

PAI

Service Recipient: Ann Strassburg
Service Span: 5-23 to 5-24

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

Employment Services Phase: VRS Find

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: Diabetes, overweight, High Cholesterol, Struggles w/ Making healthy choices. BGL checked @ Home
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Arm tremors * Hep B. Knows when to take a break or change tasks DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Knows what meds to take and why. No time management 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: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Not good Judgement ☒ 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: Prescribed glasses, does not wear Myopia
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: working / trying new jobs, relationships w/ peers, family, staying active in community.

Important for: good health, eating well, stabilize blood sugar levels Continuing to have opportunities to work & Leisure activities

Likes: working, time w/ family, Asian food, music, cooking, using an Ipad

Dislikes: Drama, working easy jobs, Classes @ PAI Interruptions when working, rude people

Communication Style: Verbal

Learning Style: Visual / verbal Prompts, Prefers Not to be overstim

Lead Review Completed: _____

Staff: Anneliese.

Date: 11/7/23

PAI

Service Recipient: Anns.

Service Span: 6/23 - 5/24

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

Employment Services Phase: VRS find

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: diabetes, overweight, high chol., encourage healthy choices, blood sugar checked at home.	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: arm tremors, Hep B. - will take break & change task as needed	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: no time management - aware of prescribed meds	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: may not have good judgement Hx of stealing, encourage healthy food choices	☑ 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: glasses - may not wear • mild myopia	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

1:1 job coach

Important to: working, trying new jobs, relationships w/ peers, family, active in community

Important for: good health, eating well, stable BS, leisure activities, work opportunities

Likes: working, time w/ family, asian food, music, cooking, iPad

Dislikes: drama, easy jobs, PAI classes, rude people, being interrupted while working

Communication Style: verbal

Learning Style: visual, verbal (do not over-assist)

Lead Review Completed: AL

Competency Tracking Form

PAI Employment Services

Participant: Carrie Skinner **Annual Service Span:** 7/23 – 7/24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES 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
8/24/23	AW	Anna Wrich
8/24/23	NK	Nikki Kereluk
8-25-23	ZW	Zach Weinmann

Date Completed	Initials	Full Name
7/24/23	DT	Dave Tiney
11/7/23	AN	Anneliese Bomrson

Date Uploaded to LMS: _____

Dave Tuinei

Staff: ~~Callie Skinner~~ ellol OT

Date: 7/24/23

Service Recipient: Callie Skinner

Service Span: 7/23-7/24

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

Employment Services Phase: Development Plan		
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: Hard time cutting up food into bite size pieces, ie meat + pizza crust. staff cuts food as needed.	
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: No meds at PAI- staff would assist as needed	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: NA	
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 verbally and or physically aggressive. Remove from area - ID diffuse ways to resolve situation Remind of appropriate work place behaviors	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Time with friends, opportunity to work, Family, maintaing + gaining independence		
Important for: Patient staff, opportunity to make choices, set schedule. improving social + self advocacy skills		
Likes: Friends, going out to eat, mall, volunteering, social media. CRAFTS, BTS, 80's music, Pizza, Pasta, chicken		
Dislikes: Asked to do things that doesn't want to or out of routine, meatloaf, opera music, being teased, personal questions		
Communication Style: Verbal		
Learning Style: Verbal instruction, demonstration		

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/24/2023

Service Recipient: Carrie Skinner
Service Span: 7/23 – 7/24

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

Employment Services Phase: Develop - Plan		
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: Hard time cutting up food into bite size pieces. ex. meat and pizza crust. Staff cuts if needed	
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: if needs arise trained staff pass.	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: indep.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may be verbally/physically aggressive -remove from area -1:1 convo. discuss ways to fix situation -remind of appropriate workplace behaviors.	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: time w/ friends. opportunity to work, family, maintaining and gaining independence.		
Important for: patient staff. opportunity to make choices. set schedule. improving social and self-advocacy skills.		
Likes: friends, going out to eat. mall. volunteering. Social Media. crafts, BTS, 80's music, pizza, pasta, chicken.		
Dislikes: Asked to do things she doesn't want to or out of routine. meatloaf, opera music, being teased. Personal questions.		
Communication Style: Verbal		
Learning Style: Verbal instruction / Demo		

Lead Review Completed: _____

Staff: Nikki Kerekuk
Date: 8/25/23

PAI

Service Recipient: Carrie Skinner
Service Span: 7/23 - 7/24

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

Employment Services Phase:	development - plan	
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: hard time cutting up food to bite size pieces (meat / pizza crust) staff assist when needed	
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: trained staff if needed	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: -	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may be verbal/phys. aggressive -remove from area -1:1 convo + discuss how to fix it -remind of appropriate workplace behaviors	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: time w/ friends. opportunity to work, family, independence		
Important for: patient staff, make choices, set schedule, improving social and self-advocacy skills		
Likes: friends, going out to eat, mall, volunteering, social media, crafts, BTS, 80's music, pizza, pasta, chicken		
Dislikes: asked to do things she doesn't want to do or out of routine, meatloaf, opera music, being teased, personal questions		
Communication Style: Verbal		
Learning Style: verbal instruction / Demo		

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 8-24-2023

Service Recipient: Carrie Skinn
Service Span: 7-23 → 7-24

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

Employment Services Phase:	Develop / Plan	
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: May need help cutting food	
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: N/A	
Community Support: ■ No ☐ Yes	Describe Supports:	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ■ N/A	List & Describe Supports:	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Verbal / Physical aggressiveness 1:1 debrief	
Unsupervised time while at PAI or in the community? ■ No ☐ Yes		
Important to:	friends, work, family, independence	
Important for:	Patient staff, Choices, Schedule, Social Skills Self advocacy skills	
Likes:	friends, eating out, mall, volunteering, social media Crafts, BTS, 80's music, Pizza, Pasta, Chicken	
Dislikes:	out of routine, things she doesn't want to do Meatloaf Opera music, being teased, Personal Questi	
Communication Style:	Verbal	
Learning Style:	Verbal instruction / Demo	

Lead Review Completed: _____

Staff: Annemieke R.

Date: 11/7/23

Service Recipient: Carrie S.

Service Span: 7/23' - 7/24'

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

Employment Services Phase: develop/plan		
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: Hard time cutting foods to bite size; staff assist as needed	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports:	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: verbal/physical aggression- staff remove from situation, talk 1:1, remind of appropriate workplace behavior	
Unsupervised time while at PAI or in the community? ☑ No ☐ Yes		
Important to: time w/ friends, work opportunities, family, independence		
Important for: patient staff, making choices, set schedule, improving social & self advocacy skills		
Likes: friends, eating out, mail, volunteering, social media, crafts, BTS, 90's music, pizza, pasta, chicken		
Dislikes: asked to do things she doesn't want to do, out of routine, meatloaf, opera music, being teased, personal questions		
Communication Style: verbal		
Learning Style: verbal instruction, demonstration		

Lead Review Completed: AR

Competency Tracking Form

PAI Employment Services

Participant: Elissa Fisher **Annual Service Span:** 2/23 - 2/24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	NK	Nikki Korelnik
7-17-23	ZW	Zach Weinman
7/17/23	DT	Dave Tuinei
7/17/23	AW	Anna Wrich

Date Completed	Initials	Full Name
11/8/23	AR	Annelise Robinson

Date Uploaded to LMS: _____

Staff: Nikki Kerekuk
Date: 7/13/23

Service Recipient: Elissa Fisher
Service Span: 2/23 - 2/24

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

Employment Services Phase: ~~exploration~~ develop/plan	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, sensitive to dairy 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: reminders to "slow down". make sure she sits down when eating. 1200-1300 cal diet. dairy sensitive. 1pop/day
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: year-round allergies / chronic red nose call residence if symptoms DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: no meds @ PAI (staff support) 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: has slipped on slippery surfaces - offer hand if she indicates a break is needed on long walks- give rest
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: glasses - may need help cleaning them
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: has kicked/slapped others. understands appropriate social skills but difficulties managing emotions
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 at job site	
Important to: caring to her friends, staff @ PAI, mom / step-dad, dogs. shopping, going out to eat, working	
Important for: staying active in the community, healthy diet	
Likes: rock + roll, elvis, Prince, Selena, MJ, shopping, sleeping, bowling	
Dislikes: cold, peers boss her around / give directions spicy/greasy foods. new people @ work, yelling/screaming	
Communication Style: Verbal	
Learning Style: Verbal direction / modeling	

Lead Review Completed: _____

Staff: Zach W.

Date: 7-17-23

PAI

Service Recipient: Elissa Fisher

Service Span: 2-23 → 2-24

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

Employment Services Phase:	Exploration/ Develop / Plan	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal, Dairy	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: Slow down, Sit down, 1200 Cal 1 Pop per day.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergies, Chronic red Nose	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: Slipped on 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: Glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Has Kicked / slapped.	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	1:1 work	
Important to:	Caring, staff, Mom, Dogs, shopping, out to eat	
Important for:	Staying active & Diet	
Likes:	Rock & Roll, Music Shopping, Sleeping	
Dislikes:	Cold, Peers ordering her around, Yelling/ Screaming	
Communication Style:	Verbal	
Learning Style:	Verbal Direction/ Modeling	

Lead Review Completed: _____

Staff: Dave Tyler
Date: 7/17/23

Service Recipient: Elissa Fisher
Service Span: 2/23 - 2/24

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

Employment Services Phase: Development/Planning

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal, sensitive to dairy 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: she may need reminders to slow down - 1200 - 1300 calorie di
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Year round allergies, chronic red nose. 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: slipped on slippery surfaces, offer hand, give time to rest during
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: Glasses (may need assistance cleaning)
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Has kicked + slapped others, managing emotions

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes
1:1 if at job site if needed

Important to:
being caring to friends, mom + step dad, dogs, shopping going out doors

Important for:
active in community, healthy diet

Likes:
Rock, Elvis, Prince, M. Jackson, shopping, sleeping, bowling

Dislikes:
Being cold, being bored around, spicy foods, new people at work

Communication Style:
Verbal

Learning Style:
Verbal direction, modeling.

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/17/2023

PAI

Service Recipient: Elissa fisher
Service Span: 2/23 – 2/24

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

Employment Services Phase: ~~Exploration~~ Develop / Plan	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal - Dairy 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: slow down. sit while eating 1200-1300 diet - 1 soda daily
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: year round allergies chronic red nose 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: may slip - offer Hand May need time to rest.
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: wears glasses. need help cleaning.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: kicked/slapped. difficulty managing emotions
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes 1:1 @ job site.	
Important to: caring to peers. staff. MOM, step-dad, Dogs. work. eating.	
Important for: active - Healthy diet	
Likes: rock n' roll, Prince, MJ. Selena. shoppins, sleeping	
Dislikes: cold. being bossed. spicy/greasy food. New ppl	
Communication Style: verbal	
Learning Style: verbal Direction / Model	

Lead Review Completed: _____

Staff: Annelise P.

Date: 11/8/23

Service Recipient: Elisa F.

Service Span: 2/23' - 2/24'

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

Employment Services Phase: Develop/Plan

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, sensitive to dairy	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: year round allergies 1 puff/day 1200-1300 cal diet reminders to slow down, sitting when eating	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: chronic red nose call residence w/ symptoms	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: Ind.	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: has slipped on slippery surfaces - offer hand if Ind. eating a break is needed allow breaks on long walks.	
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: glasses - may need help cleaning	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Hx of kicking, slapping others - understands appropriate social skills difficulty managing emotions	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: caring to friends, staff @ PAI, mom/stepdad, dogs, shopping, eating out, working

Important for: staying active in community, healthy diet

Likes: rock & roll, Elvis, prince, Serena, MJ, shopping, sleeping, bowling

Dislikes: cold, peers bossing her around, spicy/greasy foods, new people at work, yelling/screaming

Communication Style:
Verbal

Learning Style:
Verbal direction, modeling

Lead Review Completed: AN

Competency Tracking Form

PAI Employment Services

Participant: Lyric Dampier **Annual Service Span:** 12/22 - 12/23

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7/13/23	NK	Nikki Kereluk
7-14-23	ZW	Zach Weinman
7-14-23	DT	Dave Tulw
7/14/23	AW	Anna Wrich

Date Completed	Initials	Full Name
11/8/23	AN	Annelieserobinson

Date Uploaded to LMS: _____

Staff: Nikki Kereluk

Date: 7/13/23

Service Recipient: Lyric Dampier

Service Span: 12/22 - 12/23

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

Employment Services Phase: exploration		
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: self-manages	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: intellectual disability - impacts interactions/ social situations	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: no meds @ PAI	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: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: Staff carries ID / health information. needs help w/ money management	☒ 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: working on social interactions and frequently misinterprets situations. may get frustrated/hard time coping may make "posturing" movements or angry faces. lil time w/ staff. walks, music, word searches	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: getting a job in the community, social skills, family, friends		
Important for: constructive feedback + frequent check-ins, family support at home, having varied activities/options to incorporate in the community		
Likes: shopping, hanging out w/ friends, routine, helping others, being social arts/crafts, watching sports		
Dislikes: changes to schedule, conflict w/ peers, being told what to do, when other peers are loud, not understanding social situations		
Communication Style: verbal		
Learning Style: verbal direction / modeling		

Lead Review Completed: _____

Staff: Zach Weinmann

Date: 7-14-23

Service Recipient: Lyric Dampier

Service Span: 12-22 → 12-23

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

Employment Services Phase: Exploration		
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: I.D.	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 N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: Money management	☒ 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: Causes drama, misinterprets situations Posturing movements if time w/ staff	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Job in comm. Social Skills, Fam. Friends		
Important for: Constructive feedback Frequent check-ins, Community		
Likes: Shopping, Friends, routine, social Arts & Crafts		
Dislikes: Changes to schedule Conflict, being told what to do		
Communication Style: Verbal		
Learning Style: Verbal direction / Modeling		

Lead Review Completed: _____

Staff: Dave Twiss

Date: 7/14/23

Service Recipient: Lyric Dampier

Service Span: 12/22 - 12/23

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

Employment Services Phase: Exploration

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: Self. manages	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Intellectual disabilities	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Needs assistance	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Self-manages	
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: Self-manages	
Community Support: ☒ No ☐ Yes	Describe Supports: Needs support in community	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May get frustrated, angry faces, 1:1 time with staff + vold searches, posturing (may raise fist) working on social interactions,	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Getting job in community, socialization, working on developing job skills

Important for: Constructive feedback, frequent check ins, support at home, varied activities

Likes: Shopping, hanging with friends, routine, helping others arts + crafts, sports

Dislikes: changes in schedule, conflict with peers, being told what to do, when she does not understand situation

Communication Style: verbal

Learning Style: Verbal, modeling

Lead Review Completed: _____

Staff: Anna Wrien
Date: 7/14/2023

Service Recipient: Lyric Dampier
Service Span: 12/22 – 12/23

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

Employment Services Phase: Exploration		
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: intellictual disability. impacts social interactions	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: N/A	
Community Support: ■ No ☐ Yes	Describe Supports: Staff carries ID. & Health cards support w/ money management	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ■ N/A	List & Describe Supports:	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: May misinterprets situations. may make "posturing" movements. 1:1 w/staff, walks	
Unsupervised time while at PAI or in the community? ■ No ☐ Yes		
Important to: job in community, social skills, fam/friends.		
Important for: Constructive feedback. fam support. Check ins varied activities		
Likes: Shopping, hanging w/ friends. routine. Peers Crafts. Sports		
Dislikes: Changes in schedule. conflict w/ Peers. Loud Peers		
Communication Style: Verbal		
Learning Style: Verbal direction / model		

Lead Review Completed: _____

Staff: Anneliese R.
Date: 11/8/23

Service Recipient: Lynn D.
Service Span: 12/22 - 12/23

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

Employment Services Phase: Exploration

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: Ind.	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Intellectual disability - impacts interactions, social situations	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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: Staff assist in money management	☑ 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: working on social interactions & frequently misinterprets situations; frustration, hard time coping, makes posturing movements & angry faces 1:1 w/ staff, music, puzzles, headphones, walks	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: getting job in community, social skills, family, friends

Important for: constructive feedback, frequent check ins, family support, varied activities/options to integrate in community

Likes: shopping, hanging w/ friends, routine, helping others, being social, arts/crafts, watching sports

Dislikes: changes to schedule, conflict w/ peers, being told what to do, other peers being loud, not understanding social interactions

Communication Style: verbal

Learning Style: verbal direction, modeling

Lead Review Completed: AR

Competency Tracking Form

PAI Employment Services

Participant: Nick Seng **Annual Service Span:** Jan 23 → Jan 24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7-14-23	ZW	Zach Weinmann
7/14/23	AW	Anna Wrich
7/14/23	NK	Nikki Kereluk
7/14/23	DT	David Tsui

Date Completed	Initials	Full Name
11/8/23	AR	Annemese Robinson

Date Uploaded to LMS: _____

Staff: Dave

Date: 7/14/23

Service Recipient: Nick Seng

Service Span: Jan 23 - Jan 24

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

Employment Services Phase: Exploration		
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: Celiac - monitor diet	
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: Independent	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports: May get distracted	☒ 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: glasses, hearing aids	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Family, independence, activity, sports, events, groups (dancing sports)		
Important for: gluten free diet, working toward community employment		
Likes: Sports, dog park, performing art of me, zoo, volunteering, movies, Sci		
Dislikes: Academic classes, being bossed around, DI appointment		
Communication Style: Verbal		
Learning Style: Verbal instruction, demonstration		

Lead Review Completed: _____

Staff: Zach Weinmann

Date: 7-13-23

Service Recipient: Nick Seng

Service Span: 1-23 ~~12-23~~ 1-24

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

Employment Services Phase: Exploration		
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: Celiac - Gluten Free	
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: Independent	
Mobility/Fall Risk: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: May get distracted	☒ 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: Glasses & Hearing Aids	
Behavior Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Family, Independence, Staying active, Sports, Volunteering events & Groups		
Important for: Gluten free diet, working toward community employment		
Likes: Sports, dog park, Performing Art of Me, Zoo, Volunteering Movies, Science museum		
Dislikes: Academic classes, being bossed around, doctor's Appointments getting up early		
Communication Style: Verbal soft-spoken		
Learning Style: Verbal instruction, demonstration		

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/14/2023

Service Recipient: Nick Seng
Service Span: 1/1/23 – 1/24

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

Employment Services Phase: Exploration		
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: celiac - gluten free	
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: indep.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ■ No ☐ Yes	Describe Supports: May get distracted / wander.	■ 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: glasses / Hearing Aids	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ■ No ☐ Yes

Important to: family, indep. being active, volunteering. events groups.

Important for: gluten free Diet. employment

Likes: sports. Dog park. "Art of Me." zoo. volunteering movies. Science Museum

Dislikes: Academic classes. being bossed around. doctors appt. getting up early

Communication Style: Verbal

Learning Style: Verbal instruction / Demo

Lead Review Completed: _____

Staff: Nikki Korchuk

Date: 7/14/23

Service Recipient: Nick Seng

Service Span: 1/23 - 1/24

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

Employment Services Phase: Exploration		
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: celiac disease - gluten free	
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: independent	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☒ No ☐ Yes	Describe Supports: may get distracted	☒ 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: glasses + hearing aids	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: family, ind, active, volunteering, events, groups

Important for: gluten-free, working toward community employment

Likes: Sports, dog park, performing art of me, zoo, volunteer, movies science museum

Dislikes: academic classes, being bossed around, doctor, getting up early

Communication Style: verbal (shy)

Learning Style: demonstration / verbal ~~rote~~ instruction

Lead Review Completed: _____

Staff: Annelieser K.

Date: 11/9/23

Service Recipient: Nick S.

Service Span: 1/23 - 1/24

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

Employment Services Phase: Exploration

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: celiac - gluten free - staff observe foods in community to ensure gluteen free	
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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☑ No ☐ Yes	Describe Supports: May become distracted & wander	☑ 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: glasses, hearing aids	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: Family, ind., being active, volunteering, events, groups

Important for: gluten free diet, employment

Likes: sports, dog park, "Art of Me", Zoo, volunteering, movies, science Museum

Dislikes: academic classes, being bossed around, doctor's appts, getting up early

Communication Style: verbal

Learning Style: verbal instruction, demo

Lead Review Completed: _____

Competency Tracking Form

PAI Employment Services

Participant: Katie Lammers **Annual Service Span:** Oct 22 → Oct 23

Annual Meeting Date: Oct 22 **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

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

Date Completed	Initials	Full Name
7-13-23	ZW	Zach Weinmann
7/14/23	NK	Nikki Kurcluk
7/14/23	AW	Anna Wrich
7/14/23	DT	Dave Turner

Date Completed	Initials	Full Name
11/8/23	AR	Anneliese Robinson

Date Uploaded to LMS: _____

Staff: Nikki Kereluk

Date: 7/14/23

Service Recipient: Katie Lammers

Service Span: ~~10/2020 - 10/23~~ 9/22 - 9/23

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

Employment Services Phase: Planning		
Allergies: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Wine	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: tends to drink too fast	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ataxia, short term memory loss	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: unsteady gait	
Community Support: ☒ No ☐ Yes	Describe Supports: memory loss/ataxia	☒ 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: glasses	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Work, social, active, independence		
Important for: ↓ inclusion in community		
Likes: biking, watching hockey, peppermint ice cream, pasta, music, Dynamic Air SET site		
Dislikes: Spicy food, loud/rude people		
Communication Style: Verbal		
Learning Style: Verbal direct / demo		

Lead Review Completed: _____

Staff: Anna Wrich
Date: 7/14/2023

Service Recipient: Katie Lammers
Service Span: ~~00/00~~ 9/22 – 9/23

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

Employment Services Phase: Plan/develop	
Allergies: ☐ No ■ Yes ☐ N/A	List & Describe Supports: wine 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: tends to drink to fast
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Ataxia, short term Memory Loss 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: unsteady gait
Community Support: ■ No ☐ Yes	Describe Supports: Due to memory loss/ Ataxia ■ 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: wears glasses
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI or in the community? ■ No ☐ Yes	
Important to: work, socializing, Being active ↓ **Important for:** being included.	
Likes: biking, watching Hockey, Peppermint Bon Bon Dynamic Air.	
Dislikes: Spicy food, Loud/rude People.	
Communication Style: Verbal	
Learning Style: Verbal instruction / Demo.	

Lead Review Completed: _____

Staff: Zach Welnmann

Date: 7-13-23

Service Recipient: Katie Lammers

Service Span: ~~Oct 22 → Oct 23~~ 9-22 → 9-23

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

Employment Services Phase: Planning		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wine	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: Tends to drink too fast	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Ataxia, short term memory Loss	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: unsteady gait due to ataxia	
Community Support: ☒ No ☐ Yes	Describe Supports: due to memory loss & Ataxia, may not be able to conduct herself in an emergency situation	☒ 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: Eyeglasses	
Behavior Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Work, socializing, being active, Independence.		
Important for: Being included in the community		
Likes: Biking, hockey, mint ice cream, pasta, music, working @ dynamic aire exercising.		
Dislikes: spicy food, loud, rude people		
Communication Style: Verbal		
Learning Style: Verbal direction & Demonstration.		

Lead Review Completed: _____

Staff: Dave Tjin

Date: 7/14/23

Service Recipient: Katie Lammers

Service Span: 9/22 - 9/23

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

Employment Services Phase: Planning / Development

Allergies: ☒ No ☒ Yes ☐ N/A	List & Describe Supports: Wine 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: Drinks to fast (with links to consists) cuts
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Ataxia DNR/DNI? ☒ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No daily medicals at PAI 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: Unsteady gait
Community Support: ☒ No ☐ Yes	Describe Supports: Memory loss (may need assistance 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: self- manages eye glasses
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to:

Walk, socializing, independence

Important for:

work, socializing, independence, included in community

Likes:

biking, watching hockey, ice cream, pasta, music, walking at dynamic air

Dislikes:

Spicy food, loud people

Communication Style:

Verbal

Learning Style:

Verbal instruction, demonstration

Lead Review Completed: _____

Staff: Anneliese Robson

Date: 11/8/23

Service Recipient: Katie L.

Service Span: 10/22 - 10/23

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

Employment Services Phase: Develop/plan

Allergies: ☐ No ☑ Yes ☐ N/A	List & Describe Supports: wine	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: may drink too fast - staff remind to slow down as needed	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: ataxia, short term memory loss	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: Ind.	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait - utilizes H wheel walker; manual w/c for transportation	
Community Support: ☑ No ☐ Yes	Describe Supports: may become confused or lost	☑ 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: eyeglasses - Ind.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: work, socializing, being included, being active

Important for:

Likes: Biking, watching hockey, peppermint bonbon icecream, working dynamic Aiv

Dislikes: spicy food, loud/rude people

Communication Style: verbal

Learning Style: verbal instruction, demo

Lead Review Completed: AH

Competency Tracking Form

PAI Employment Services

Participant: Alexander Rabideau **Annual Service Span:** 7-23 → 7-24

Annual Meeting Date: _____ **Competency Quiz Due for all Staff:** _____

Documents Reviewed: ES 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
8-15-23	ZW	Zach Weinmann
8/15/23	AW	Anna Wrich
8/17/23	NK	Nikki Kureluk
11/8/23	AR	Annelieseporbrow

Date Completed	Initials	Full Name
7/27/23	DT	Dave Toine

Date Uploaded to LMS: _____

Staff: Dave Tulne

Date: 7.27.23

Service Recipient: Alex Robideau

Service Span: 7/23 - 7/24

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

Employment Services Phase: Exploration		
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: ~~Diabetes~~ Independent	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diabetes - Should check BGL with finger prick	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take Meds at PAI	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: Independent	
Community Support: ☐ No ☒ Yes	Describe Supports: Independent	☐ 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: Glasses	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA	
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes		
Important to: Technology, staying active, E-bike, being happy, maintaining independence		
Important for: Opportunities to participate in the community		
Likes: Flying R/C helicopters, video games, TACO's, Brats, Diet Soda		
Dislikes: Mushrooms, green olives, cleaning, changes in rules and routines.		
Communication Style: Verbal		
Learning Style: Instruction + Direction		

Lead Review Completed: _____

Staff: Zach Weinmann
Date: 8-15-23

Service Recipient: Alex Rabideau
Service Span: 7-23 - 7-24

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

Employment Services Phase: Exploration		
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: Independent	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diabetes should check BGL w/ finger prick	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: Ind.	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Ind	
Community Support: ☐ No ☒ Yes	Describe Supports: Ind.	☐ 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: Glasses	
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:	
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes		
Important to:	Technology, Staying active, His E-Bike, Being happy, maintaining independence.	
Important for:	Having the opportunity to participate in the community,	
Likes:	Flying RC helicopters, video games, Tacos, Brats, diet Soda	
Dislikes:	Mushrooms, green olives, cleaning, changes in rules & Routines	
Communication Style:	Verbal	
Learning Style:	instruction, direction	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 8/15/2023

Service Recipient: Alex Rabideau
Service Span: 7/23 – 7/24

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

Employment Services Phase: Exploration		
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: Independent	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Diabetes -Should check BGL w/finger prick.	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: Ind.	
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: Ind.	
Community Support: ☐ No ☑ Yes	Describe Supports: Ind.	☐ 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: Glasses.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☐ No ☑ Yes		
Important to: Technology, staying active, His E-Bike, being happy, maintaining Independence.		
Important for: Having the opportunity to participate in the community.		
Likes: Flying RC Helicopters, video games. Tacos, brats. Diet Soda.		
Dislikes: Mushrooms, green olives, cleaning, changes in rules and routines.		
Communication Style: Verbal		
Learning Style: Instruction, Direction.		

Lead Review Completed: _____

Staff: Nikki Kerelwk

Date: 8/17/23

Service Recipient: Alex Rabideau

Service Span: 7/23 - 7/24

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

Employment Services Phase: exploration		
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: independent	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diabetes - BGL w/ finger prick	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: ind.	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: ind.	
Community Support: ☐ No ☒ Yes	Describe Supports: ind.	☐ 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: glasses	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☐ No ☒ Yes		
Important to: Technology, staying active, E-bike, being happy, independence,		
Important for: opportunities to participate in the community		
Likes: flying RC helicopters, video games, tacos, brats, diet soda		
Dislikes: mushrooms, green olives, cleaning, changes in rules and routines.		
Communication Style: Verbal		
Learning Style: instruction, direction		

Lead Review Completed: _____

Staff: Anneliesep.

Date: 11/8/23

Service Recipient: Alex P.

Service Span: 7/23 - 7/24

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

Employment Services Phase: Exploration		
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: Ind.	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Type 1 diabetic- remind to check BG w/ finger prick	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: Ind.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ☐ No ☑ Yes	Describe Supports: Ind.	☐ 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: eyeglasses- ind.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	
Unsupervised time while at PAI or in the community? ☐ No ☑ Yes		
Important to: Technology, staying active, e-bike, being happy, maintaining ind.		
Important for: opportunity to participate in community		
Likes: Flying RC helicopters, video games, tacos, brats, diet pop		
Dislikes: mushrooms, green olives, cleaning, changes in rules & routine		
Communication Style: verbal		
Learning Style: instruction, direction		

Lead Review Completed: AN