In-service Training Log – Parkway

Date: 1/23/2024

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson, Kennedy Smith, Cortney Kelly			Site specific updates, Pillar Awards
.5	Nancy Snyder and Renee Schmidt			HG and MV Comp Quizes

Make up Date	Initial	EE ID	Name
	JM		Jaime Meyer
2/7/24	CS		Cindi Stucky
	IL		Ilene Lubick
	JG		John Gebhardt
	PD		Pamala Davis
	DM		Dennis Moua
		N/A	Shaliyah Chambers

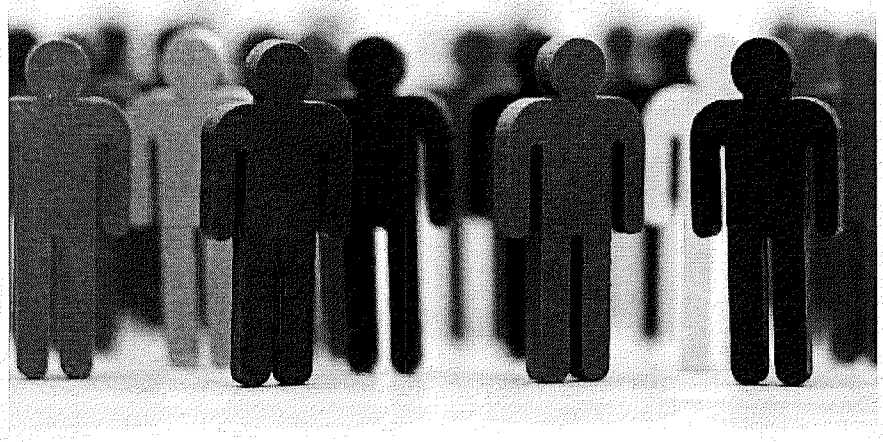
Make up Date	Initial	EE ID	Name
	DL		Darlene Rice
	RS		Renee Schmidt
	NS		Nancy Snyder
	DT		Dave Turner
	DY		Doua Yang
	RH		Rosaleigh Halverson
2/27/24	DS		Dolly Stein

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

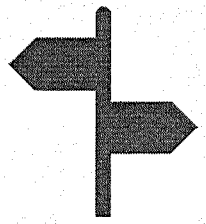
Other *Attendees*			

PAI-Parkway Team Meeting

Date: 1/23/2024

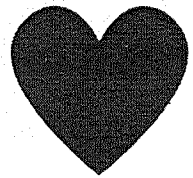


Welcome



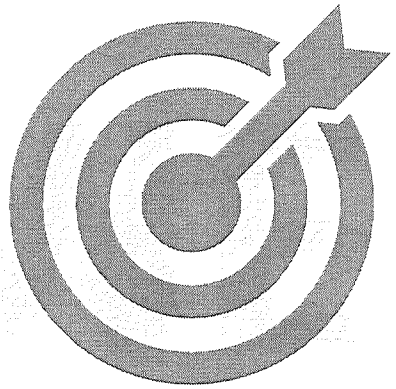
Sign In

Introductions



A moment of gratitude

Agenda

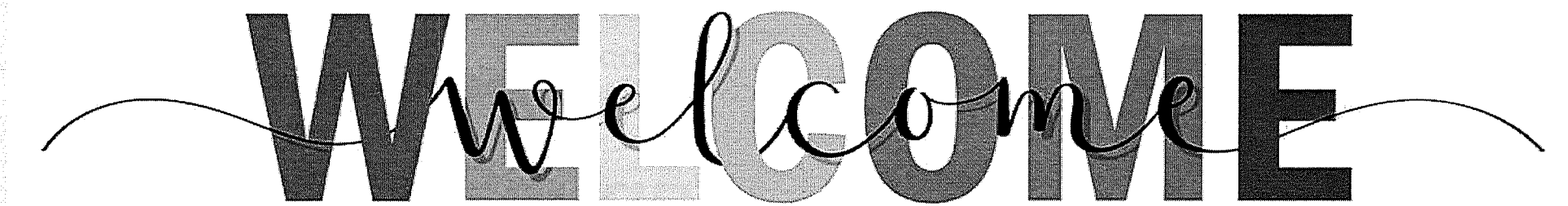


Welcome
Site-Specific Updates
Agency-Wide Updates
Competency Reviews

Wrap Up

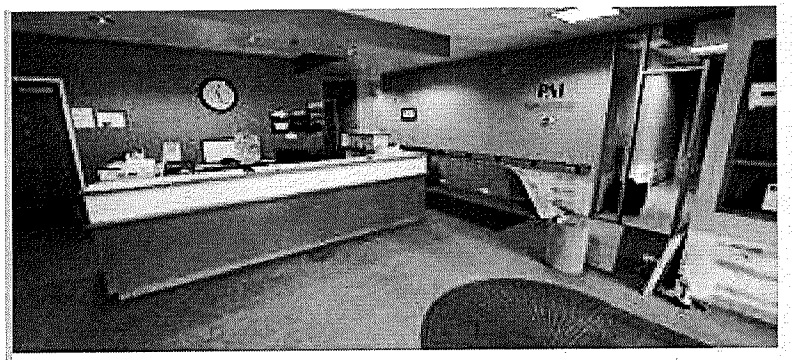
Site-Specific Updates

- Welcome Darlene!
- Community Connections for MITC



Cortney:

Renovations



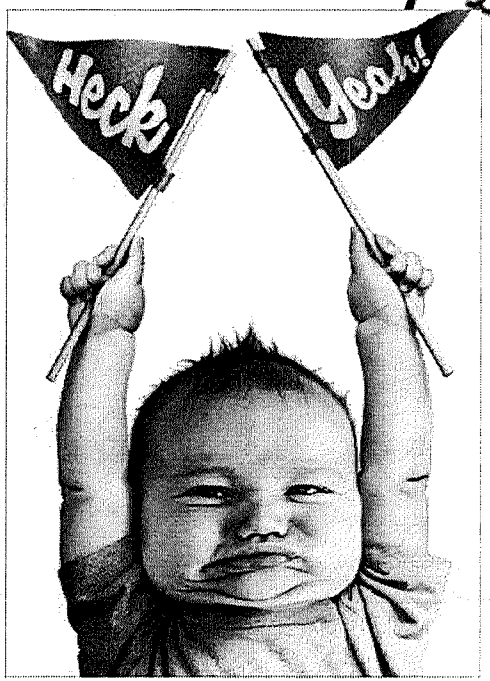
Before

After

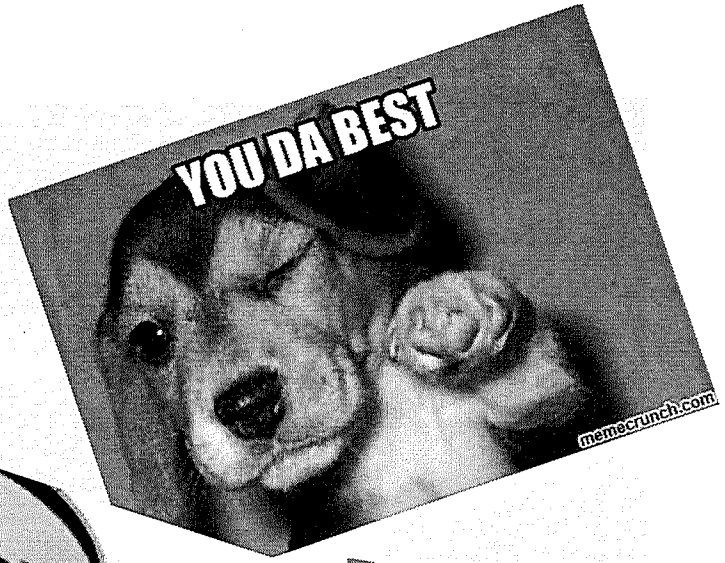
Pillar Awards:

Q3

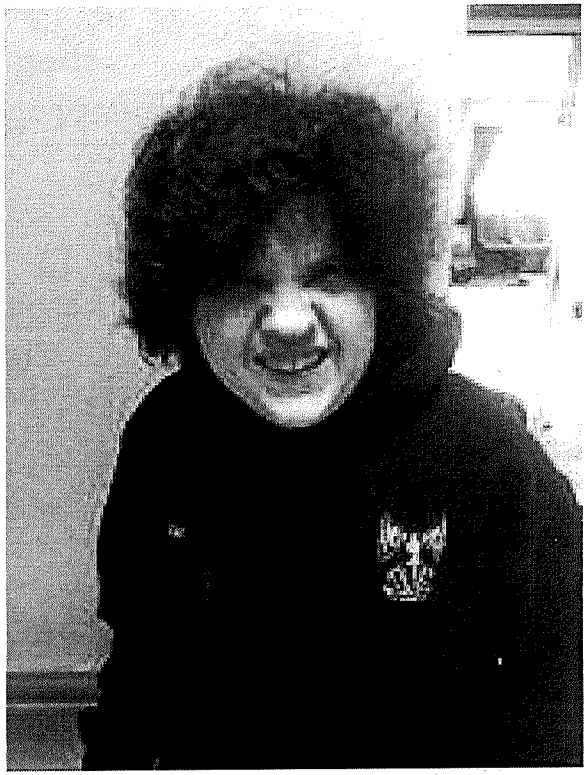
Q4



Drum Roll Please...



Competency Reviews



Hope Gustafson

January 2024 – January 2025

[redacted]

Is this person able to self manage according to the **IAP, EMA & Support Plan Addendum**? check yes or no below

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Y *Listed on MAR, only adminis meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Hope will eat food very quickly and will not wait for it to cool before eating. When eating, staf will ask Hope to place a napkin on her lap to wipe her hands to replace her desire to wipe her hands on her pants. Staff will monitor the temperature of Hope's food, and will provide verba prompts to slow down while eating. Staff will cut Hope's food into bite-size pieces.	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:	DNR/DNI? ☐ No ☐ Y *Located in main file, sha with EMT in emergenc
Medication: ☐ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Y *A trained staff will administer me per a signed dr. order*

[redacted]

Personal Cares: ☐ No ☐ Yes	Describe Supports: Mostly independent (will occasionally ask for help).
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Hope may not navigate obstacles, ice, curbs, etc. She can be easily distracted and may not pay attention to where she is walking. Staff will offer verbal and point prompts to remind to Hope to "look" or "watch" where she is walking. When in icy or wet areas, staff will offer an arm for additional support.
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: Hope may be sensitive to loud noises. Staff will attempt to dampen environmental sensory stimuli (turn music down, turn off lights) to aid in successful de-escalation of overstimulation. Staff will also provide access to a sensory area if she needs a place to calm down and have time to herself. Hope can have unsupervised time in a breakout room for up to 5 minutes. Hope must be accompanied by staff when walking in the hallway (when agitated).

[redacted]

Behavior Support: ☐ No ☐ Yes	List & Describe Supports: • **Self-injurious behaviors:** Hope has a history of hitting herself in the head when upset. Though this has not been seen in a long time, staff will watch for signs of frustration and will work to help Hope de-escalate. • **Change/transitions:** Hope may become upset if there is a change in her routine. Hope also struggles with transitions. Staff will inform Hope of any changes in her routine ahead of time to give her time to process the change. Verbal cues, visual cues, social stories and visual prompts (such as clocks or timers) help Hope through transition times and changes in her routine. • **Physical aggression:** When upset, angry, frustrated and/or sad, Hope may reach out and grab hair, hit or throw objects. Staff will visually monitor Hope for signs of distress and redirect her to walk in the hallways, as this seems to help her. When she is walking in the hallways, staff remain with Hope to monitor and intervene if she were to reach out to a peer. Staff may also re-direct hope to a sensory/breakout room where she can use
	the iPad to cool down. If Hope chooses to use the iPad in a sensory/breakout room, she can maintain unsupervised for up to 5-10 minutes. Staff will help Hope identify her feelings and help her work towards self-regulation. If 1:1 for an hour, Hope will be picked up.

[redacted]

Unsupervised time while at PAI? ☐ No ☐ Yes Up to 5 minutes
Important to: music, iPad, walks, independence
Important for: taking walks, especially when agitated, prompting independence, persistence, re-direction, self-regulation, participation
Likes: iPad, gloves, music, taking walks
Dislikes: loud noises (i.e. balloons), escalators, merry-go-rounds, the city bus
Communication Style: Short verbal responses/phrases, vocalizations, body language, some signs
Learning Style: Modeling and repetition

Marissa Volenec

November 2023 to November 2024

[redacted]

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order* **Marissa has Allergic Rhinitis (seasonal allergies, Hay Fever). Staff are aware and trained on Marissa's allergies.**
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: **N/A**
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: **Marissa is provided close visual monitoring when she is working on crafts, art, or is in proximity of objects that can be placed in her mouth. Staff provide verbal prompts and opportunities for redirection if she attempts to place inedible objects in her mouth. Staff will monitor Marissa as she eats, and provide verbal prompts for her to slow down. Staff will also cut Marissa's food into bite size pieces to help reduce the risk of choking.**
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* **No chronic medical conditions.**
Medication: ☐ No ☐ Yes	Describe Supports: Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order* **Marissa does not take medications at PAI.**

[redacted]

Personal Cares: ☐ No ☐ Yes	Describe Supports: **Marissa requires full assistance in the bathroom.**
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: **Staff offer Marissa their arm or hand and provide her with verbal prompts/directions to guide her.**
Community Support: ☐ No ☐ Yes	Describe Supports: ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: **If Marissa is overstimulated, staff may ask if she would like a break, while providing their hand for "yes/no" communication. Staff may also offer to take her on a walk. Staff will attempt to dampen environmental sensory stimuli (turn music down, turn off lights) to aid in successful de-escalation of overstimulation. Staff model appropriate social behavior and help her to communicate her wants/needs.**

[redacted]

Unsupervised time while at PAI? ☐ No ☐ Yes **No unsupervised time.**
Important to: Music, iPad, getting to do preferred activities, going out into the community, being able to communicate wants/needs, manipulatives, sensory time, looking at the window, walks/visiting peers and personal/quiet space.
Important for: It is important to encourage Marissa to participate in activities, give her choices and the opportunity to communicate her wants and needs, provide her with a calm and positive environment, talk to her about her feelings and emotions, take her for walks/visit with peers and give her space when needed. It is important for Marissa that she is able to self-regulate.
Likes: Marissa likes her manipulative (especially books), music, iPad, going for walks/visiting, going into the community and looking out the window, fans.
Dislikes: Marissa does not like when she is uncomfortable and needs to use the bathroom, crowds, too many people talking at once a loud/chaotic environment and transitions.

[redacted]

Communication Style: Non-verbal. Communicates with body language and vocalizations.
Learning Style: Observation and repetition.

Tomorrow: 1:45-2:45

Wrap Up

Is there information you would like to provided at next meeting?

Any final thoughts?

Competency Tracking Form

Participant: Hope Gustafson

Annual Service Span: _____

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

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name
	JM	Jaime Meyer
1/23	J G	John Gebhardt
1/23	Ilene	Ilene Lubick
		Jess Gunderson
1/23/24	PD	Pamela Davis
2-7-24	CS	Cindi Stucky
	DM	Dennis Moua
1/23/24		Kennedy Norwick
1/23/24	DT	Dave Turner
1/23/24	RS	Renee Schmidt
1-23-24	NS	Nancy Snyder
1-23-24	DR	DARLENE RICE

Date Completed	Initials	Full Name
2/27/24	DS	Dolly Stein
1/23/24	RH	Rosaleigh Halverson
1/23/24	DY	Doua Yang
		Dainaja Ranson
		Josh Snodie
		Tyler Bongard

Date Uploaded to LMS: _____

Staff: DARLENE

Date: 1-23-24

PAI

Service Recipient: Hope G.

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Will eat Quickly - Slow down + cut up	
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~~ independant	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Help by bus	
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 noises - walks Arounds - 5 min unsupervised	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: monitor destress - Redirect to Hallway	

Unsupervised time while at PAI? ☐ No ☒ Yes

Important to:
music - IPads - WALKS

Important for:
WALKS - independance

Likes:
IPads - gloves - music

Dislikes:
loud noise - merry go round - city bus

Communication Style:
Body Language - short verbal

Learning Style:
modeling - Repitition

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 1/23/24

PAI

Service Recipient: Hope B
Service Span: Jan 24 - Jan 2025

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: prompt to slow down eat quickly, wont wait to cool Bite size	
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: N/A	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly independent Check on her with stuff	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Offer arm during ice/curbs	
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 loud noises	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: inform her of changes and Routine redirect to hall monitor of sign of distress	

Unsupervised time while at PAI? ☐ No ☒ Yes up to 5 min

Important to: Music iPad walks independence

Important for: Talking walk redirection self regulations Prompting independence Participation

Likes: iPad gloves music a walk

Dislikes: loud noised balloon merry go round sensitive to cold days

Communication Style: Some Sign Short verbal reponses Vocalization body lang

Learning Style: Modeling Repitition

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 1/23/24

Service Recipient: Hope Gustafson

Service Span: Jan 24-25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eats quickly, staff ask to place napkin on lap, monitor food temp, verbal prompts, bite size pieces	
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 N/A	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly bathroom independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ice/curbs, verbal prompts / reminders	
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 loud noises, staff walk if agitated	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: inform of changes in routine, monitor for signs of distress, redirect to hallway	

Unsupervised time while at PAI? ☐ No ☒ Yes 5 min

Important to: music, ipad, walks, independence

Important for: taking walks when agitated, independence, self regulation, participation, redirection

Likes: ipad, gloves, music, walks

Dislikes: loud noises, escalators, merry go rounds, city buses

Communication Style: short verbal responses, phrases, vocalizations, body language, some signs

Learning Style: modeling, repetition

Lead Review Completed: _____

Staff: John Gebhardt

Date: 1-23-24

PAI

Service Recipient: Hope Gustafson

Service Span: Jan '24 - Jan '25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: Ask her to put napkin on her lap. Check Temp of food and have cut up. Eat slowly - remind her	
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: N/A	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Supervise & Assist if needed.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Offer her assistance at all times	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to loud noise, Walks around Watch her when walking around	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Inform her of changes in routine. Be proactive Monitor for signs of distress. Re-direct Her.	
Unsupervised time while at PAI? ☐ No ☒ Yes Only 5 min.		
Important to: Music, I pad, Walks, Independence		
Important for: Taking Walks - especially if agitated, Her Independence, self-Regulation		
Likes: I Pad, gloves, music, Walking,		
Dislikes: Loud noise, Escalators, Merry Go Round, Bus,		
Communication Style: Short verbal responses, Body Language		
Learning Style: Some ASL, Modeling & repitition		

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 1-23-24

Service Recipient: Hope Overstreet
Service Span: 1-24 / 1-25

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Hope will eat food very quickly and will not wait for it to cool before eating. When eating, staff will ask Hope to place a napkin on her lap to wipe her hands to replace her desire to wipe her hands on her pants. Staff will monitor the temperature of Hope's food, and will provide verbal prompts to slow down while eating. Staff will cut Hope's food into bite-size pieces.
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: Mostly independent (will occasionally ask for help).
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Hope may not navigate obstacles, ice, curbs, etc. She can be easily distracted and may not pay attention to where she is walking. Staff will offer verbal and point prompts to remind to Hope to "look" or "watch" where she is walking. When in icy or wet areas, staff will offer an arm for additional support.
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: Hope may be sensitive to loud noises. Staff will attempt to dampen environmental sensory stimuli (turn music down, turn off lights) to aid in successful de-escalation of overstimulation. Staff will also provide access to a sensory area if she needs a place to calm down and have time to herself. Hope can have unsupervised time in a breakout room for up to 5 minutes. Hope must be accompanied by staff when walking in the hallway (when agitated).
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: • **Self-injurious behaviors:** Hope has a history of hitting herself in the head when upset. Though this has not been seen in a long time, staff will watch for signs of frustration and will work to help Hope de-escalate. • **Change/transitions:** Hope may become upset if there is a change in her routine. Hope also struggles with transitions. Staff will inform Hope of any changes in her routine ahead of time to give her time to process the change. Verbal cues, visual cues, social stories and visual prompts (such as clocks or timers) help Hope through transition times and changes in her routine. • **Physical aggression:** When upset, angry, frustrated and/or sad, Hope may reach out and grab hair, hit or throw objects. Staff will visually monitor Hope for signs of distress and redirect her to walk in the hallways, as this seems to help her. When she is walking in the hallways, staff remain with Hope to monitor and intervene if she were to reach out to a peer. Staff may also re-direct hope to a sensory/breakout room where she can use

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

	the iPad to cool down. If Hope chooses to use the iPad in a sensory/breakout room, she can maintain unsupervised for up to 5-10 minutes. Staff will help Hope identify her feelings and help her work towards self-regulation. If 1:1 for an hour, Hope will be picked up.
Unsupervised time while at PAI? ☐ No ☐ Yes Up to 5 minutes	
Important to: music, iPad, walks, independence	
Important for: taking walks, especially when agitated, prompting independence, persistence, re-direction, self-regulation, participation	
Likes: iPad, gloves, music, taking walks	
Dislikes: loud noises (i.e. balloons), escalators, merry-go-rounds, the city bus	
Communication Style: Short verbal responses/phrases, vocalizations, body language, some signs	
Learning Style: Modeling and repetition	

Lead Review Completed: _____

Staff: Pam D

Date: 1/23/24

PAI

Service Recipient: Hope Gustfson

Service Span: Jan 24- Jan 25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Quickly, napkin on lap, monitor temp of food. Bite size pieces, verbal prompts to slow down.	
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: N/A	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly independent.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Help with ice / curbs / verbal prompts when walking	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensative to loud noises, walk around throughout the Day. 5 min of unsupervised time	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Inform of changes in routine, monitor for signs of distress, redirect to hallway, ~~distract~~	

Unsupervised time while at PAI? ☐ No ☐ Yes 5mins

Important to: music, ipad, walks, independence.

Important for: walk when agitated, redirection, self regulation and participation.

Likes: ipad, gloves toilet paper, music; walks

Dislikes: loud noises, escalators, city bus.

Communication Style: short verbal responses phrases, body language some signs

Learning Style: modeling/ repepetition

Lead Review Completed: _____

Staff: Doua Yang
Date: 1/23/24

Service Recipient: Hope Gustafson
Service Span: 1/24 - 1/25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eat quickly. place napkin on lap to wipe hand. verbal prompts. Bite-size pieces.	
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: N/A	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: independent, still check on her	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: help w/ ice + curbs. offer verbal prompts. offer arm.	
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 loud noises. provide access to a sensory room. unsupervised time 5 mins.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: inform changes/routine. monitor signs of stress; Redirect to hallway.	

Unsupervised time while at PAI? ☐ No ☒ Yes 5 minutes

Important to: ipad, music, walks, independence

Important for: walks (especially when agitated), prompt independence, participation, persistence, redirection, self-regulation

Likes: ipad, walks, gloves, music

Dislikes: loud noises (balloon pop), escalator, merry go round, city bus

Communication Style: short verbal response/phrases, vocalizations, body language, some sign

Learning Style: modeling + repition

Lead Review Completed: _____

Staff: Dive Tulve

Date: 1/23/24

PAI

Service Recipient: Hope Custerson

Service Span: Jan 24 - JAN 25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Hope will eat food quickly & not wait for it to cool. Verbal prompts to slow down. Cut into bite size pieces	
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: NA	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Mostly independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Hope may need assistance to navigate. Hope may grab arm if she is feeling cautious	
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 loud noises. Staff will attempt to dampen sounds, lights	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: IN fear Hope of changes in her routine. Monitor for signs of distress- redirect to hallway as needed. Staff monitor & will intervene as needed	

Unsupervised time while at PAI? ☐ No ☒ Yes up to 5 minutes

Important to: Music, IPAD, walks, independence

Important for: Taking walks when upset, independence + redirection, + self-regulation.

Likes: Iped, gloves, music, talking walks.

Dislikes: loud noises, escalators, only go round city bus.

Communication Style: Short verbal responses/phrases, vocalizations, body language, some signs

Learning Style: Modeling + repetition

Lead Review Completed: _____

Staff: Alene M Lubick
Date: Tues Jan 23-24

PAI

Service Recipient: Hope Gustafson
Service Span: Jan 2024-2025

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Eats fast, verbal prompts to slowdown, bitesize
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 NA	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: Mostly independent but can coach, may take arm or hand
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Help w/ ice & curbs, provide prompts
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: 5 min. unsupervised Sensitive to loud noises, walks around to dilute area
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: redirect to hallway, listen for the rush may be up to something Inform of changes/routine, monitor for signs of distress
Unsupervised time while at PAI? ☐ No ☒ Yes	up to 5 minutes
Important to:	music, ipad, walks independence
Important for:	taking walks, prompting independence, self regulation
Likes:	ipad, gloves, music walks,
Dislikes:	loud noises, escalators, merry go rounds, city buses
Communication Style:	some signs, short verbal responses + phrases, body language
Learning Style:	modeling + repetition

Lead Review Completed: _____

Staff: Dennis M.

Date: 1/23/24

PAI

Service Recipient: Hope G.

Service Span: 1/23/17 24

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: will eat very quickly, ask to put napkin on lap, monitor temp of food, cut into bite sized pcs	
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: N/A	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: mostly independent	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: assist with ice & curbs, verbal reminders on safety	
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 loud noises, goes into different areas.	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: inform her of changes in her routine look for signs of distress (redirect)	
Unsupervised time while at PAI? ☑ No ☐ Yes	5 min, walk with if anxious	
Important to:	music, iPad, independence	
Important for:	talking, self regulation, self perception	
Likes:	~~[illegible]~~ gloves, iPad, music, taking walks	
Dislikes:	loud noises escalating by others	
Communication Style:	some signs, short verbal responses	
Learning Style:	~~[illegible]~~, repetition, routine	

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 1-23-24

Service Recipient: Hope Gustafson
Service Span: 1/24-1/25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Ask to place napkin. monitor temp of food. Verbal prompts to slow down	
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: N/A	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: mostly independant	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: help w/ice & curbs. verbal prompts.	
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 loud noise. walk in halls	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: inform of routine change. monitor for signs of distress, redirect to hallway.	

Unsupervised time while at PAI? ☐ No ☒ Yes
up to 5 minutes

Important to: music, ipad, walks, independence

Important for: walks, redirection, self-regulation, participation

Likes: ipad, gloves, music, walks

Dislikes: loud noise, escalator, city bus. escalator

Communication Style: short verbal response, vocalization, body language signs

Learning Style: modeling & repetition

Lead Review Completed: _____

Staff: Quicky

Date: 2-7-24

Service Recipient: Hope Gustafson

Service Span: 1/24 - 1/25

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: will eat food very quickly + will not wait for it to cool before eating when eating staff will ask Hope to place a napkin on her lap to wipe her hands to replace the desire to wipe on pants.	
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: mostly independent (will occasionally ask for help)	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may not navigate obstacles, ice, curbs etc. Easily distracted + may not pay attention to where she's walking.	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Maybe sensitive to loud noises, staff will attempt to dampen environmental sensory stimuli to aid in successful de-escalation of over-stimulation	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behaviors - has history of hitting herself in head when upset. change/transition - may become upset if there's a change in routine. physical aggression - when upset angry/frustrated/sad - she may grab hair, hit or throw objects.	
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: 5min	

Important to: music ipad walks independence

Important for: taking walks, especially when agitated, prompting independence, persistence, redirection, self regulation, participation

Likes: ipad, gloves, music, walks

Dislikes: loud noises, escalators, merry go rounds, city buses

Communication Style: short verbal responses/phrases, vocalizations, body language - some signs

Learning Style: modeling & rep

Lead Review Completed: _____

Staff: Dolly Stein
Date: 2/27/24

Service Recipient: Hope Gustafson
Service Span: 1/24 - 1/25

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

Employment Services Phase:		
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 eat food quickly, before it's cool enough. needs napkin or will wipe dirty hands on pants. Verbal prompts to slow down Bite sized pieces.	
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: Mostly independent - can ask for help	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: distracted/may not pay attention to surroundings. Verbal prompts to "look" or "watch". Staff offer arm for support.	
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 sensitive to loud noises. Staff will dampen environmental stimuli for de-escalation overstimulation. offer quieter space to take a break when needed. Staff will accompany her when she's agitated	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious, change/transition, physical aggression. May hit herself, struggles with transitions - verbal cues, visual cues, social stories, visual prompts help. when frustrated may pull hair, hit, throw objects staff redirect to breakout space & stay with her when walking in the hallway. 1:1 for more than 1 hour, will go home.	

Unsupervised time while at PAI or in the community? ☐ No ☒ Yes
up to 5 mins in breakout space

Important to: music, iPad, walks independence

Important for: walks, prompting independence, persistence, re-direction, self regulation, participation

Likes: iPad, gloves, music, walks

Dislikes: loud noises, balloons, escalators, merry-go-rounds, city bus

Communication Style: Short verbal responses/phrases, Vocalizations, body language, some ASL

Learning Style: modeling & repetition

Competency Tracking Form

Participant: Marissa Volenec

Annual Service Span: _____

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

Competency Quiz Due for all Staff: _____

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

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

Date Completed	Initials	Full Name
	JM	Jaime Meyer
1/23	JG	John Gebhardt
1-23	IL	Ilene Lubick
		Jess Gunderson
1/23/24	PL	Pamela Davis
2-7-24	CS	Cindi Stucky
1/23/24	DM	Dennis Moua
		Kennedy Norwick
1/23/24	DT	Dave Turner
1/23/24	RS	Renee Schmidt
1-23-24	NS	Nancy Snyder
1-23-24	DR	DARLENE Rice

Date Completed	Initials	Full Name
2/27/24	DS	Dolly Stein
1/23/24	RH	Rosaleigh Halverson
1/23/24	DY	Doua Yang
		Dainaja Ranson
		Josh Snodie
		Tyler Bongard

Date Uploaded to LMS: _____

Staff: DARLENE

Date: 1-23-24

PAI

Service Recipient: MARISSA V.

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: HAY FEVER	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: NEEDS ASST.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: OFFER A HAND	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: WOULD LIKE A BREAK OR WALK	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
MUSIC - IPAD - COMMUNITY -

Important for:
ACTIVITIES ~~ACTIVITIES~~ - FEELINGS - WALKS - SPACES

Likes:
BOOKS - MUSIC - VISITING - FANS

Dislikes:
BATHROOM - CROWDS - TO MANY PEOPLE TALKING

Communication Style:
NON-VERBAL

Learning Style:
OBSERVATION

Lead Review Completed: _____

Staff: Ilene Mulvihill
Date: Tues 1-23-24

PAI

Service Recipient: Marissa Valenzuela
Service Span: Nov. 23-2024

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal + lupofever 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: close visual monitory when doing cares
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: needs full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer arm or hand with verbal prompts to guide her
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: dampen environment noise If overstimulated help ask if needs a break, take on walk,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer to take on walks
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Ipad as preferred activities necessary to take on walks
Important for:	Encourage to participate & give choices, Calm environment
Likes:	manipulatives, books music Ipad, walks/ going into community windows fans
Dislikes:	to be uncomfortable, invasive, when BR is needed, crowds, loud chaotic environment
Communication Style:	Nonverbal - Body language + vocalizations
Learning Style:	observation + repetition

Lead Review Completed: _____

Staff: Renee Schmidt

Date: 11/23/24

Service Recipient: Marissa Ubiner

Service Span: Nov 23 - Nov 24

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order* **Marissa has Allergic Rhinitis (seasonal allergies, Hay Fever). Staff are aware and trained on Marissa's allergies.**
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: **N/A**
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: **Marissa is provided close visual monitoring when she is working on crafts, art, or is in proximity of objects that can be placed in her mouth. Staff provide verbal prompts and opportunities for redirection if she attempts to place inedible objects in her mouth. Staff will monitor Marissa as she eats, and provide verbal prompts for her to slow down. Staff will also cut Marissa's food into bite size pieces to help reduce the risk of choking.**
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency* **No chronic medical conditions.**
Medication: ☐ No ☐ Yes	Describe Supports: Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order* **Marissa does not take medications at PAI.**
Personal Cares: ☐ No ☐ Yes	Describe Supports: **Marissa requires full assistance in the bathroom.**
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: **Staff offer Marissa their arm or hand and provide her with verbal prompts/directions to guide her.**
Community Support: ☐ No ☐ Yes	Describe Supports: ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: **If Marissa is overstimulated, staff may ask if she would like a break, while providing their hand for "yes/no" communication. Staff may also offer to take her on a walk. Staff will attempt to dampen environmental sensory stimuli (turn music down, turn off lights) to aid in successful de-escalation of overstimulation. Staff model appropriate social behavior and help her to communicate her wants/needs.**
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: **If Marissa becomes upset/overstimulated, staff will offer to take her on a walk.**

Unsupervised time while at PAI? ☐ No ☐ Yes

No unsupervised time.

Important to: Music, iPad, getting to do preferred activities, going out into the community, being able to communicate wants/needs, manipulatives, sensory time, looking at the window, walks/visiting peers and personal/quiet space.

Lead Review Completed: _____

Staff: Rosaleigh Halvorson
Date: 1/23/24

Service Recipient: Marissa Valenzuela
Service Span: NOV 23 – 24

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, hay fever	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports:	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: provide close visual monitoring with arts/crafts verbal prompts + 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:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: full bathroom assistance	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: offer hand/arm, verbal prompts, direction to guide	
Community Support: ☐ No ☐ Yes	Describe Supports:	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: if overstimulate staff ask to take break, walk; provide hand for yes/no communication, dampen sensory model appropriate behavior, help communicate wants/needs. stimuli	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: offer to take on a walk	

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: music, iPad, preferred activities, outings, communicate wants + needs sensory time, window walks

Important for: encourage to participate in activities, choices, provide calm talking walks + visiting, give space when needed, alt regulate environment

Likes: books, music, iPad, walks, visiting, fans

Dislikes: uncomfortable needing to use bathroom, crowds, too many people talking at once, loud/chaotic environment, transitions

Communication Style: nonverbal, body language, vocalizations

Learning Style: observation, repet—

Lead Review Completed: _____

Staff: Pam D

Date: 1/23/24

Service Recipient: Marissa Valenec

Service Span: Nov 23 - Nov 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal allergees, Hay fever	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: Visual, verbal prompts if she put things in mouth	
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: Full assistance in B/R	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Offer arm/Hand verbal prompt to guide her.	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Overstimulate Staff ask to take a break. Offer walk, staff will dampen visual stimuli appropriate behavior.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Overstimulate Staff will offer walk.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: music, Ipad, preferred activities, able to communicate sensory time manipulatives

Important for: participation, choices, positive/ calm environment talk about feeling/emotions talking with peers / space when needed

Likes: Books, Ipad, music, walks, visiting, community, fans

Dislikes: uncomfortable, crowds; too many people talking transitions

Communication Style: non verbal, vocalizations

Learning Style: observation repetition

Lead Review Completed: _____

Staff: John Gebhardt

Date: 1-23-24

Service Recipient: Marrissa Volcenec

Service Span: Nov '23 - Nov '24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal & Hayfever	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Provide close visual monitoring when doing Arts & crafts, Don't let her put item in Mouth	
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: full dssistance in bathroom	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer a hand & verbal promts to Guide	
Community Support: ☒ No ☐ Yes	Describe Supports: →	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: offer her a break if over-Stimulated Turn down/off music, off lights.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer to take her on walks when she is over stimulated.	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Music, I pad, community, Sensory time walks, windows,		
Important for: Encourge her to participate in activities Feelings & emotions, Give space when needed		
Likes: Books, Music, I pad, walks, visiting, community windows, Fans,		
Dislikes: Using bathroom, crowds, - loud environment Transitions		
Communication Style: non verbal - Vocals & Body Language		
Learning Style: Observation & repititions		

Lead Review Completed: _____

Staff: Nancy Snyder

Date: 1-23-24

PAI

Service Recipient: Marissa Valenec

Service Span: 11-23 / 11-24

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal, hayfever 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: close visual monitoring, puts things in her mouth
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: full assistance in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: offer hand or arm to guide her
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: overstimulated offer break, offer walks, turn down music and/or lights
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: offer walks
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to:	music, iPad, activities, outings, manipulatives, sensory time walks
Important for:	participation, choices, calm environment, walks, visiting space when needed
Likes:	books, music, iPad, walks, visiting, outings, fans
Dislikes:	loud environment, transition uncomfortable needs bathroom, crowds, too much talking
Communication Style:	non-verbal, body language, vocalization
Learning Style:	observation, repetition

Lead Review Completed: _____

Staff: Dove Tyler

Date: 1/23/24

Service Recipient: Marissa Valenec

Service Span: Nov. 23 – Nov 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal + Lay fever - Staff is aware 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: Close visual monitoring - will stuff things in her mouth, may put inedibles in her mouth
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: Staff would assist 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: Full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer arm to guide her
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: If overstimulated staff will ask if she needs a break, a walk. Staff will dampen environmental stimuli. Staff model appropriate behavior
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: If overstimulated - staff will offer a walk
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Music, Ipad, doing activities, going in community, manipulatives, sensory time, walks	
Important for: encouragement to participate in activities, provide calm + positive environment, taking walks + visiting pets, space as needed, prompting to self-reg. he	
Likes: Books, Music, Ipad, walks, visiting, outings, looking out window, fans	
Dislikes: uncomfortable having to use bathroom, crowds, chaotic environment transitions.	
Communication Style: Non-verbal, communicates with body language + vocalizations	
Learning Style: Observation + repetition	

Lead Review Completed: _____

Staff: Dana Yarr

Date: 1/23/24

Service Recipient: Marissa Vollmer

Service Span: NOV. 23-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal allergies/ hay fever	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: close visual monitoring. verbal prompts + 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:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full - assistance	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer arm + hand. verbal prompts/redirection.	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: overstimulated, ask to take a break. provide hand for yes/no communication. offer walk.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: overstimulated, offer a walk.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: music, ipad, preferred activities, community, wants/needs, manipulatives, walks, look out window.

Important for: encourage to participate, give her choices, calm/quiet environment, walks, visiting peers.

Likes: Books, music, ipad, walks, community, fans

Dislikes: uncomfortable, to use the bathroom, crowds, loud/chaotic env., transitions

Communication Style: non-verbal, body language + vocalizations

Learning Style: observation + repition

Lead Review Completed: _____

Staff: Dennis M.

Date: 1/23/24

PAI

Service Recipient: Marissa

Service Span: 11/23 - 11/24

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal + hay fever 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: Visual reminders to make sure she does not eat things.
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: full assist with bathing
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: offer assistance with walking prompt her
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: turn from music lights ask to take a break with hands offer to take on a walk
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: redirect when needed
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to:	music, iPad books, needs communicated
Important for:	engage to participate in activities. provide calm environment, visiting with peers
Likes:	books music iPad walks visiting, community
Dislikes:	unfamiliar/busy crowds, transitions
Communication Style:	non verbal, body language, vocalizations
Learning Style:	observation + repetition

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 1-23-24

Service Recipient: Marissa Volenec
Service Span: 11/23 - 11/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal & hayfever	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: close visual monitor when working on crafts, verbal prompts	
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: Full Assistance	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: offer arm/hand, verbal prompts to guide	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: staff offer break or a walk. Attempt to dampen stimuli. model appropriate	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: offer to take on a walk	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: music, ipad, community, manipulatives, walks

Important for: participation, choices, calm & positive environment, walks, self-regulate

Likes: books, music, ipad, walks, visiting, fans

Dislikes: uncomfortable, crowds, loud environment, transitions

Communication Style: non-verbal, body language, vocalization

Learning Style: observation, repetition

Lead Review Completed: _____

Staff: Cstuckey

Date: 2-7-24

PAI

Service Recipient: Marissa Volenec

Service Span: Nov-23-24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergic Rhinitis - staff are aware & trained on it. 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: provided close visual when working on crafts, art or in proximity of objects that she can put in mouth. Provide prompts to slow down when eating cut in bite-size pieces
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: No chronic med conditions DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: None @ PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full ass. in restrm
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff offer their arm, hand & provide her w/ verbal prompts directions to guide her.
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: if overstimulated - ask to take breaks providing their hand for yes/no com. Take her on walk
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to: music, ipad, preferred activities, out in community, being able to communicate wants, needs, sensory time, looking out window, walks, quiet space manipulatives, visiting peers.

Important for: participate in activities, give choices & opportunity to communicate her wants & needs Important that she is able to self regulate

Likes: books, music, ipad, walks, visiting, community - fan - looking out window

Dislikes: being uncomfortable & needs to use restrm, crowds - to many ppl talking @ once - loud & chaotic

Communication Style: Non-verbal communicates w/ body language & vocalizations

Learning Style: observation / repetition

Lead Review Completed: _____

Staff: Dolly Stein

Date: 2/27/24

Service Recipient: Marissa Volenec

Service Span: 11/23 - 11/24

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: Allergic Rhinitis (seasonal allergies, Hay Fever) 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 place small inedible objects in mouth during arts & crafts, verbal prompts to slow down while eating food, Bite sized pieces!
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: None 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: full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff offer arm/hand & verbal prompts/direction to guide her.
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: When overstimulated, staff offer break, or walk. Staff dampen environmental stimuli for de-escalation. Staff model appropriate social behavior & help her to communicate her wants/needs
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may scream loudly when upset or trying to communicate. Staff verbally remind her to indicate her wants/needs in a different way than screaming.
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes None at PAI	
Important to: MUSIC, iPad, ~~prefer~~ preferred activities, going out in community, communicating wants/needs, manipulatives, sensory, looking out window, walking, visiting, personal time, quiet space	
Important for: Being encouraged to participate, communicating wants/needs, calm/positive environment, walks, self regulation	
Likes: manipulatives, books, music, iPad, walks/visiting, going out in community, windows, fans	
Dislikes: uncomfortable/needing to use the bathroom, crowds, too many people, loud/chaotic environments	
Communication Style: Non-verbal, body language, vocalizations Staff offer hand for "YES/NO" communication.	
Learning Style: observation & repetition	