

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

Staff name: Lafeeph Onikoro Date of hire: 5/6/2024

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the Support Plan.

Initials of person(s) served:

SF, AG, VA, SS, CS, AP, BH, DL, ZW, JS, MM, JH

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:	<u>NA</u>			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>NA</u>			
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>NA</u>			
CPR, if required by the Support Plan or Support Plan Addendum	<u>6/14</u>		<u>5.5</u>	<u>Health Services</u>

Staff: Lopez Omilcar  
Date: 5/22/2024

Service Recipient: David Lopez  
Service Span: \_\_\_\_\_



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

<p><b>Allergies:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A          List &amp; Describe Supports: Seasonal allergies          manage by over the counter medications  <small>*Listed on MAR, only administer meds per dr. order*</small></p>	<p><b>Seizures:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A          Describe Supports:</p>	<p><b>Choking/ Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          Describe Supports: He laugh alot while eating need to be redirected.</p>	<p><b>Chronic Medical Conditions:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A          List &amp; Describe Supports: Daily medication for LORAZAPAM  <small>*Located in main file, share with EMT in emergency*</small></p>	<p><b>Medication:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          Describe Supports: LORAZAPAM 2mg tablet administered 3x daily 5hrs interval.  <small>*A trained staff will administer meds per a signed dr. order*</small></p>	<p><b>Personal Cares:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          Describe Supports: David needs to be with whole using to birth town. He can walk out of birth room without pulling his part.</p>	<p><b>Mobility/Fall Risk:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          Describe Supports: David can ambulate independently. He has low muscle tone and requiring assistance with walking on uneven and</p>	<p><b>Community Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          Describe Supports: unfamiliar surfaces. <input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, staff accompany David of all time while in the community.</p>	<p><b>Sensory Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A          List &amp; Describe Supports: He can take off clothes anywhere it is David is sensory defensive to sound and tactile.</p>	<p><b>Behavior Support:</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          List &amp; Describe Supports: Likes to be independent. He needs visual cues verbal prompts, written prompts or physical prompt for communication. He needs to be reminded of what David needs to be supervised while in PAI.</p>	<p><b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          David needs to be supervised while in PAI.</p>	<p><b>Important to:</b> family, being out in the community. Spending time with others (watching movies) having access to computer</p>	<p><b>Important for:</b> Have support for communicating with others to be independent as possible. Self care. Staff monitoring</p>	<p><b>Likes:</b> to be consistent and predictable schedule computer. watching video and movies. library</p>	<p><b>Dislikes:</b> Changes, contain textures of food. Can get scared from dogs</p>	<p><b>Communication Style:</b> Verbal. Over time staff needs to be patient of his</p>	<p><b>Learning Style:</b> Computer and repetition</p>
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Staff: Joseph O'Brien  
Date: 5/21/2024



Service Recipient: Brock Hamilton  
Service Span: \_\_\_\_\_

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

<p><b>Allergies:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: Seasonal Allergy.</p> <p>Medication Allergies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>*Listed on MAR, only administer meds per dr. order*</p>	<p><b>Seizures:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Describe Supports: protect Brock from harm Guide from stairs, stoves, and other dangerous areas</p>	<p><b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: restrict. but need to bite size, watch Brock while drinking and have drink with time</p>	<p><b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</p>	<p><b>Medication:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: Brock takes medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds 1:30 pm for seizures (2 medication) per a signed dr. order*</p>	<p><b>Personal Care:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: Brock needs help on personal care.</p>	<p><b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: Staff will point obstacles and physically assist as needed by offering Brock their arm/hand</p>	<p><b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: Brock need help in the community. Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs. He can be wandering about with out</p>	<p><b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: Staff will support Brock by facing him will talking to him by speaking slowly and clearly. Staff will also use sign language</p>	<p><b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>List &amp; Describe Supports: Brock where he is going. Staff have to around Brock when in PAI or community. Brock has to be around staff while unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Important to:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>It's important to Brock to be around his pet and observe in PAI</p>	<p><b>Important for:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>It's important for Brock to be closely supervise during day. He has to remember of personal boundaries around peer, be able to participate in activities</p>	<p><b>Dislikes:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Unable to transition from one activity to the next.</p>	<p><b>Communication Style:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Sign language. Staff have to be in front of him and speak slowly and calm.</p>	<p><b>Learning Style:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Repetition.</p>
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Staff: L. Jeffrey Dinkens  
 Date: 5/22/2024



Service Recipient: Joe Hanneft  
 Service Span: \_\_\_\_\_

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

<b>Allergies:</b> List & Describe Supports: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Seasonal. Can have hay fever. *Listed on MAR, only administer meds per dr. order*	
<b>Seizures:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A It happens occasionally, the will sleep long time after	
<b>Choking/ Choking/ Specialized Diet:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes He needs staff support to eat. Pay attention to swallow without chewing.	
<b>Chronic Medical Conditions:</b> List & Describe Supports: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes Joe has a transthoracic rod in his back. Requiring that he be lifted with EMT in emergency* *Located in main file, share with EMT in emergency* Describe Supports: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*	
<b>Medication:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes Takes med at home	
<b>Personal Care:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes Joe needs staff support for his personal care, and help for transportation	
<b>Mobility/Fall Risk:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes Joe needs to be in his wheelchair with the lap belt buckle. Chest belt needs to be buckle during	
<b>Community Support:</b> Describe Supports: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Joe needs staff support while in the community Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> List & Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Defensive around his face. He can make sudden movements. Putting him at risk of bruises	
<b>Behavior Support:</b> List & Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes Bites hand when agitated (give towel instead) swings arms when excited. Water should be kept during biting	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Joe need staff around while in PAI	
<b>Important to:</b> Playing games. Listen to music. Calm environment. Choices family and independence.	
<b>Important for:</b> Staff need to be around Joe all the time	
<b>Likes:</b> - Biking - food - water bottles love to be outside. - light switches - funny jokes or Bgimg	
<b>Dislikes:</b> Loud environments, Music Therapy.	
<b>Communication Style:</b> Depends on mood. Can do photo choices	
<b>Learning Style:</b> Like independent activity, observing, gentle reminders and verbal cues.	

Staff: Lateefh Dailora  
Date: 5/21/2024



Service Recipient: Amber Gardner  
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: Alcohol  
Medication Allergies?  No  Yes  
\*Listed on MAR, only administer meds per dr. order\*

**Seizures:**  No  Yes  N/A  
Describe Supports: Strengths: Be accept of staff support.

**Choking/ Specialized Diet:**  No  Yes  
Describe Supports: cutting of food to bite sized pieces.

**Chronic Medical Conditions:**  No  Yes  N/A  
List & Describe Supports: Can communicate with staff if feeling pain  
\*Located in main file, share with EMT in emergency\*  
DNR/DNI?  No  Yes

**Medication:**  No  Yes  
Describe Supports: Oral medication crushed and put in quart.  
Daily medication at PAI?  No  Yes  
\*A trained staff will administer meds per a signed dr. order\*

**Personal Cares:**  No  Yes  
Describe Supports: Amber uses hoyer for cones. Staff assist pushing her manual wheel chair.

**Mobility/Fall Risk:**  No  Yes  
Describe Supports: uses wheel chair through out the day make sure her lap belt is secure through out the day.

**Community Support:**  No  Yes  
Describe Supports: Spending time in the 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: Can smell, hear, taste & set by herself and see without use of glasses.

**Behavior Support:**  No  Yes  
List & Describe Supports: she has display emotion by hitting her wheel scratching her head and disengaging in her wheel chair. Staff need to be both her when in PAI

**Unsupervised time while at PAI?**  No  Yes  
Staff need to be both her when in PAI

**Important to:** Manipulative, interactions with others/times for association 1:1 time.

**Important for:** It's important for her to socialize, water to music look at pictures and been with family (sister)

**Likes:** People around, going out in the community,

**Dislikes:** not able to get involved with her decisions

**Communication Style:** Visual & sign language

**Learning Style:** Repetition

Staff: Joseph Onikoro Date: 5/21/2024  
 Service Recipient: Abbey Katie Service Span: \_\_\_\_\_



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

<p><b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: Seasonal Allergy.        She needs staff to recognize and address <sup>*Listed on MAR, only administer meds per dr. order*</sup></p> <p>Describe Supports: <del>Only allergy symptoms running nose, congestion, sneezing, hives</del>        Staff needs to pay attention to Katie as her seizure can occur without noticing she has it</p>	<p><b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Describe Supports: <del>Waking real eyes up</del>        Staff needs to pay attention to Katie as her seizure can occur without noticing she has it</p>	<p><b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Describe Supports: No food or drink by mouth        no further staff supports are required in this area</p>	<p><b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes        *Located in main file, share with EMT in emergency*</p>	<p><b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Describe Supports: Katie doesn't take medication at <sup>PAI</sup>        Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes        *A trained staff will administer meds per a signed dr. order*</p>	<p><b>Personal Care:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: she needs a tubing to be empty when she will let staff know when she needs to</p>	<p><b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Describe Supports: Help in controlling the speed of electric before she drives the chair. Need to be secure while driving the chair. Need to total staff control while driving</p>	<p><b>Community Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Describe Supports: Staff needs to make sure Katie participate in the community of her choice        provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>	<p><b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>List &amp; Describe Supports: Katie can smell, ear, but she needs help in hearing object close to her to see</p>	<p><b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>List &amp; Describe Supports:</p>	<p>Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Katie needs to have staff around her while on PAI</p> <p><b>Important to:</b> family, visiting friends, work, living at home, community outings        Staff taking time to communicate with Katie about her needs</p> <p><b>Important for:</b> staff taking time to understand her</p>	<p><b>Likes:</b> Maltreating arts and crafts, facemasking for site taking</p>	<p><b>Dislikes:</b> People chewing loudly</p>	<p><b>Communication Style:</b> Katie communicates verbally with one word responses</p>	<p><b>Learning Style:</b> Efficient care and clear communication</p>
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Staff: Kathryn Orlino  
Date: 5/23/2024



Service Recipient: Chris Swiger  
Service Span: \_\_\_\_\_

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

Allergies: List & Describe Supports: Staff water for staffy/runny nose (they eyes)  
 No  Yes  N/A  
\* Listed on MAR, only administer meds per dr. order\*

Seizures: Describe Supports: Staff water for head drops/nodding especially in the morning.  
 No  Yes  N/A

Choking/Choking: Describe Supports: Cut food into ~~pieces~~ <sup>pieces</sup> size bite. But ~~not~~ <sup>not</sup> let him finish swallowing put her in a bowl at time. Let her before giving another  
 No  Yes

Chronic Medical Conditions: List & Describe Supports: DNR/DNI?  No  Yes  
 No  Yes  N/A  
\* Located in main file, share with EMT in emergency\*

Medication: Describe Supports: Daily medication at PAI?  No  Yes  
 No  Yes  
\* A trained staff will administer meds per a signed dr. order\*

Personal Care: Describe Supports: Christ need staff to walk him ~~at~~ to bathroom and change him  
 No  Yes

Mobility/Fall Risk: Describe Supports: Will not get out of chair by himself but can go on his four crawling staff need to help him get up hold his hands and walk  
 No  Yes

Community Support: Describe Supports: Staff will model pedestrian & stranger safety, provide transportation in the community, Christopher will need full staff support while in the community & provide supervision to meet health & safety needs  
 No  Yes

Sensory Support: List & Describe Supports: massage helps to calm him and quiet him  
 No  Yes  N/A

Behavior Support: List & Describe Supports: Bites others, pull other hair. Loud vocalizations. Staff needs to keep distance or use face mask. Staff needs to calm him down about  
 No  Yes

Unsupervised time while at PAI?  No  Yes

Important to: Being around peers/staff, visiting other program areas going on community stuff, sweets water play, help him stand/walk

Important for: 1:1 time with staff

Likes: Water play 1:1 time with staff, reaction music, sweets

Dislikes: Tomatoes (orange juice), tomatoes, orange juice, hot beans included

Communication Style: Verbal by showing and repetitions

Learning Style: showing and inclusion

Staff: L Joseph Onikoro  
Date: 5/22/2024



Service Recipient: Susan Joss

Service Span: July 2023 - July 2027

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

<p>Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*</p>	<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>
<p>Describe Supports:</p>	<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>
<p>Describe Supports:</p>	<p>Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Describe Supports: Staff will offer verbal reminders for Sue to eat and drink</p>	<p>Chronic Medical Conditions: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A Sue uses a small plastic teaspoon (MCS) which gives smaller bites of food *Located in main file, share with EMT in emergency*</p>
<p>Describe Supports: Daily medication at PAIR? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</p>	<p>Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Describe Supports: Dry spins: use on appropriate amount of soap when washing hands: in case of dry skin: will offer forward lotion to ease the discomfort. Staff will physically rub the lotion to make sure her lot is feathered</p>	<p>Personal Care: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>Describe Supports: Staff stand close to sue when transferring through what aisle</p>	<p>Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Describe Supports: Staff stay with sue and model and communicate community safety &amp; provide supervision to meet health &amp; safety needs</p>	<p>Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>List &amp; Describe Supports: Water for skin that she may need if time brought</p>	<p>Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A</p>
<p>List &amp; Describe Supports: Talk to sue about what might be bothering her and help sue work through her frustration</p>	<p>Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>Unsupervised time while at PAIR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Important to: It is important to sue that she make her own choices/decisions Calm &amp; quiet environments, people who know her well, follow routines</p>
<p>Important for: Staff know her way and staff respect her routines. make choices/decisions through out the day assist with wheel chair transfer</p>	<p>Important to: It is important to sue that she make her own choices/decisions Calm &amp; quiet environments, people who know her well, follow routines</p>
<p>Likes: Getting her hair done, nail care, walks, playing games, shopping, friends, music, movies, family (brother-Son)</p>	<p>Dislikes: Asparagus, spinach, when people yell (loud environments) excessive, when people don't listen to her, Kenneth Woodson</p>
<p>Communication Style: Verbal</p>	<p>Learning Style: Repetition, Visual</p>

Staff: Lateefh Ollcord  
Date: 5/22/2024



Service Recipient: Aaron Phelps  
Service Span: \_\_\_\_\_

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

<p><b>Allergies:</b> List &amp; Describe Supports: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Aaron Allergic to topical phenol Aron can avoid allergen with staff support *Listed on MAR, only administer meds per dr. order*</p>	<p><b>Seizures:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>gaze zone activity may be sign of Shunt. wax function.</p>	<p><b>Choking/ Specialized Diet:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron is on independent eater. His food needs to be cut to bite size - need to be reminded to slow</p>	<p><b>Chronic Medical Conditions:</b> List &amp; Describe Supports: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Devon - cerebral palsy - spastic tyroprophus Epilepsy *Located in main file, share with EMT in emergency*</p>	<p><b>Medication:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron Does take medication at PAI Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</p>	<p><b>Personal Care:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron needs staff support</p>	<p><b>Mobility/Fall Risk:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron need to be reminded if rushing is slow to "slow down"</p>	<p><b>Community Support:</b> Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>need to be water while Aron likes to be water while in community. Give him &amp; provide supervision to meet health &amp; safety needs Staff will model pedestrian &amp; stranger safety, provide transportation in the community,</p>	<p><b>Sensory Support:</b> List &amp; Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p><b>Behavior Support:</b> List &amp; Describe Supports: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron needs to be active all the time, otherwise he may pick at sores, scratches or LVA bites</p>	<p><b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Aaron needs to be supervised while at PAI</p>	<p><b>Important to:</b> Helping staff. Connect fun and other boarder games. meeting new people. Greetings others magazines and music</p>	<p><b>Important for:</b> Assistance with fine motor tasks. prompt site boundaries with Aaron Encourage independence. facilitate peer interactions</p>	<p><b>Likes:</b> Helpful, fun, independent</p>	<p><b>Dislikes:</b> 1d long</p>	<p><b>Communication Style:</b> Verbal. make simple vs of NO</p>	<p><b>Learning Style:</b> Visual, verbal and repetition.</p>
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Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A List & Describe Supports:		Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Describe Supports:		Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A List & Describe Supports:
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports:		Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports:
Personal Care: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Describe Supports:		Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports:
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe Supports:		Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A List & Describe Supports:
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes List & Describe Supports:		Unsupervised time while at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes Yes <input type="checkbox"/> No <input type="checkbox"/> Yes Zach is able to be unsupervised in his break room for up to 10 minutes.
Important to: <input type="checkbox"/> No <input type="checkbox"/> Yes Head phones, iPad & movies, hearing aids		Important for: <input type="checkbox"/> No <input type="checkbox"/> Yes Great during the day, praise for completing tasks given choices.
Likes: <input type="checkbox"/> No <input type="checkbox"/> Yes Movies & Swing, Snoopy, going out to eat alone time		Dislikes: <input type="checkbox"/> No <input type="checkbox"/> Yes Drinking without straw, loud noise, dentist
Communication Style: <input type="checkbox"/> No <input type="checkbox"/> Yes Verbal		Learning Style: <input type="checkbox"/> No <input type="checkbox"/> Yes repetitions, observations

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

Service Recipient: Zach Westrum  
 Service Span: \_\_\_\_\_



Staff: Lafeyah Wilson  
 Date: 5/21/2024