Competency Tracking Form

Participant: Adam Fish

Annual Service Span: June 2024 to June 2025

Annual Meeting Date: 6/3/2024   **Date Assigned to Lead:** 6/11/2024

Competency Quiz Due for all Staff: 7/3/2024

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	Date Completed	Initials	Full Name
6/25/24	Jm	Jaime Meyer	6/25/24	JB	Julia Baker
6/25/24	JG	John Gebhardt	6/25/24	RH	Rosaleigh Halverson
6/25/24	IL	Ilene Lubick	6/25/24	DY	Doua Yang
6/25/24	LK	Laura Kinney	6-25-24	DR	Darlene Rice
6/25	Pd	Pamela Davis	6/25/24	KM	Krista Mischnick
6/25	CS	Cindi Stucky	6/25/24	Bm	Brian Mattox
6/25/24	DM	Dennis Moua	6/25/24	LO	Lateeph Onikoro
6/25/24	KS	Kris Smoot	6/26/24	EZ	Elena Zadow
6/25/24	DT	Dave Turner			Josh Snodie
6/25	RS	Renee Schmidt			
6/25	NS	Nancy Snyder			
6/25/24	DS	Dolly Stein			

Date Uploaded to LMS: _____

Staff: Lateeph Onikow

Date: 6/25/2024

PAI

Service Recipient: Adam fish

Service Span: June 2024 - June 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: Tegredol, Cylexa	Medication Allergies? ☐No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐Yes ☐N/A	Describe Supports: Adam may be triggerred louder repeatative noise	
Choking/ Specialized Diet: ☒No ☐Yes	Describe Supports: Staff will feed Adam food prepared by his mom. No soda or pop	
Chronic Medical Conditions: ☒No ☐Yes ☐N/A	List & Describe Supports: Gerd, Anxiety, Bipolar	DNR/DNI? ☐No ☐Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐Yes	Describe Supports: Doesn't take medication at PAI	Daily medication at PAI? ☒No ☐Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐Yes	Describe Supports: full support Adam need Position	
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Staff will mamally propel Adam in wheelchair	
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~~ Loud noise. Uses headphone.	
Behavior Support: ☒No ☐Yes	List & Describe Supports: physical aggression, staff need to redirect ~~Ress~~ verbal emotional Aggression	

Unsupervised time while at PAI?	☒No ☐Yes

Important to:	soap operas, music shows magazine.
Important for:	Qviet calm, make sure Belt is secure. reminded he needs to use the ~~bath~~ bathroom.
Likes:	music, radio, game show
Dislikes:	Leaving program
Communication Style:	verbal
Learning Style:	clear Instruction. hand over hand

Lead Review Completed: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergic to Tegretol + Celexa
	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures triggered by loud repatative noises.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Adam eats food prepared by Mom
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bi Polar, Gerd,
	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No Daily Meds at PAI
	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs full support with cares
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Staff Manually propel him in the wheelchair
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: Sestive to loud noises,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Inappropriate staff to redirect when Laughs, needed for any verbal aggression
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Soap operas, being included, Music,
Important for:	Staff knowing his mental health Securing his belt,
Likes:	Music, game shows, Magazines,
Dislikes:	Being ignored, Leaving Program Early
Communication Style:	Verbal
Learning Style:	Modeling and Clear instruction

Lead Review Completed: _____

Staff: Laura
Date: 01/25/24

PAI

Service Recipient: Adam Fish
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: Tylenol, Celexa	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Seizures may be triggered by loud noises. Head-Phones when needed.	
Choking/ **Specialized Diet:** ☒No ☐ Yes	Describe Supports: Bite sized food, reminders to eat slow.	
Chronic Medical **Conditions:** ☒No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Anxiety, sleep disturbances Bipolar.	DNR/DNI? ☒No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: Adam ~~does want~~ doesn't ~~take~~ like meds @ PAI	Daily medication at PAI? ☒No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐ Yes	Describe Supports: Adam needs assistance in the bathroom	
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Staff will manually propel Adam in his w/c	
Community Support: ☒No ☐ Yes	Describe Supports: Loud noises are sensitive to Adam.	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒No ☐ Yes ☐ N/A	List & Describe Supports:	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Known to hit, scratch, bite. Staff will redirect when needed.	

Unsupervised time while at PAI? ☒No ☐ Yes

Important to: Soap opras, Pet therapy, music, being included

Important for: Quiet calm environment, Staff knowing his mental health needs

Likes: music, game shows, magazines

Dislikes: Being ignored. Leaving program early + unexpected.

Communication Style: verbal

Learning Style: Modeling + clear instruction

Lead Review Completed: _____

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: tegretol & celexa	**Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: may trigger from loud repetitive noises.	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: serve food prepared by mom. No food restrictions → No soda	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, bipolar, anxiety	**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-support. Needs assistance to position urinal. verbal reminders & redirection	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manually propel in wheel chair.	
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. uses headphones.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: PA: Hit, scratch, bite VA: innap. laughing & jokes Thrash when mad & fall on the ground	

Unsupervised time while at PAI?	☒ No ☐ Yes
Important to:	soap operas, music, being included
Important for:	quiet/calm enviornment, staff know mental health needs, check belt is secure, assured to use the restroom.
Likes:	music, game shows, magazines
Dislikes:	leaving program unexp., being ignored
Communication Style:	verbal
Learning Style:	modeling, clear instruction

Lead Review Completed: _____

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* Adam is allergic to Tegretol + Celexa
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Adam's seizure like symptoms may be triggered by loud repetitive noises. If repetitive noise such as a blender Adam may wear noise canceling headphones, or staff may remove him from area.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will serve Adam food prepared by his mom. Adam's food will be cut into bite size pieces. Staff will remind Adam to eat slowly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Anxiety, sleep disturbances, Bipolar - Adam will sometimes become non-verbal for several days, and at other times engages in excessive talking. **DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Adam does not take medication at PAI. **Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Adam needs full support to assist with personal cares. Adam needs assistance to position his urinal correctly. A hoyer will be used if a transfer is needed for cares.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will manually propel Adam in his wheelchair. Staff wi
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: Adam may be sensitive to loud noises. Staff may need to remove Adam from area where loud noise occurs.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB - Thrashing movements, If unable to calm down in w/c staff may transfer Adam to a mat on the floor. Adam's mom will be informed with option of picking him up. Hitting, scratching, biding - staff will redirect. Verbal emotional aggression inappropriate laughter.

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

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

Important for: Quiet calm environment, staff knowing Adam's mental health needs, being assured he will be using the restroom, checking that belt is secure.

Likes: Music game shows, magazines.

Dislikes: leaving program unexpectedly/early, being ignored

Communication Style: Verbal

Learning Style: Modeling, Clear instruction, hand over hand.

Lead Review Completed: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: allergic to ~~Integrital~~ Tegretol + Celexa **Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Symptoms triggered by loud, repetitive noise like blenders
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Staff will serve food prepared by mom
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD Bipolar Anxiety **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: Adam needs full support, needs help positioning urinal
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will propel Adam in his wheelchair
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, may need to be removed, meds help w/ headphones
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: physical aggression - hits, scratches, bites, verbal/emotional aggression - laughs at inappropriate topics

Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	soap operas, music, being included
Important for:	quiet calm environment, staff knowing his mental health needs, securing his belt, being assured he can use bathroom
Likes:	music, Omeshows magazines
Dislikes:	leaving program early, being ignored
Communication Style:	verbal
Learning Style:	modeling and oral instruction

Lead Review Completed: _____

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: allergical to Tegretol & Celexa	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: triggered by loud noises, like blenders	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: food sent from home NO pop	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, Anxiety, bi-polar	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 support, lots of verbal interaction w/ what	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff propels wheelchair	
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, may need to be used headphones moved	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: hit, scratch, bite, can be inappropriate (laughing) has tipped his chair forward	

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to:
Soap opera's, music, included

Important for: belt secure??
Quiet, calm environment, staff knowing his needs

Likes:
Music, some shows, Magazines

Dislikes:
leaving program early, being ignored

Communication Style: Verbal

Learning Style: Modeling, clear instruction, hand over hand

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 6/25/24

PAI

Service Recipient: Adam Fish
Service Span: June 2024-25

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: tegretol & celexa	**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Loud repeditive noises (blenders)	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Prepaired by mom No PoP	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd Anxity Bi Polar	**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: Verbal redirection full ~~support~~ support uses urinal	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff manual propel wheelchar for Adam	
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- may need tobe removed uses head Phones	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Known- grab stratch will thrash- Verbal aggression - Laughing inappontaety	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Soaps music being included

Important for: quiet calm mental healthaeed reensuran he will use B0
belt seaure

Likes: music games Shows A mag

Dislikes: leaving Program early being ignored

Communication Style: verba

Learning Style: modelling clear instruction

Lead Review Completed: _____

Staff: Pam Davis

Date: 6/25/24

PAI

Service Recipient: Adam Fish

Service Span: June 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: Tegretol & Celexa	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Adam may be triggered by loud noises like a blender.	
Choking/ **Specialized Diet:** ☒No ☐ Yes	Describe Supports: Staff will serve food prepared by mom	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd; Anxiety; Bipolar	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: - Adam needs full assistance - Verbal redirection -	
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Staff will manually propell AF in wheel chair.	
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 may need to be move. use head phones daily.	
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Hit, scratch Verbal emotion aggression Laugh.	

Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: head phones, music, included, soaps	
Important for: music; calm environment; staff knowing checking belt is secure being assured he will	
Likes: music magazines; game shows	
Dislikes: leaving program early; being ignored	
Communication Style: Verbal	
Learning Style: Clear instruction modeling	

Lead Review Completed: _____

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: Zertoll and Celexa Alergic	**Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures likes smyong loud noise like a blanedr	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Food cut into bite size pices Staff will fed from home	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: bi Ploer Aniexy Gerd	**DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	**Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: need full sorppart with cares lots of verbal sorppot	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will help with wheelchar	
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: Senity to loud noise mght need to be remove	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB tashion like movemats Phycaft aggresn hit bite Sraces verbal agression	

Unsupervised time while at PAI?	☒ No ☐ Yes
Important to:	Soap oPuha music being included
Important for:	quit clam enunment meath health need make sure both is locked
Likes:	music game shows magizas
Dislikes:	leaving program being igored
Communication Style:	Verbal
Learning Style:	Molding Llegr instaction

Staff: Jaime Meyer

PAI

Service Recipient: Adam Fish

Date: 6/25/24

Service Span: 6/24 – 6/25

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: Tegretol & Celexa	Medication Allergies? ☐No ☒Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐Yes ☐N/A	Describe Supports: Seizure like symptoms triggered by loud noises such as blender	
Choking/ Specialized Diet: ☒No ☐Yes	Describe Supports: Serve food prepared by mom	
Chronic Medical Conditions: ☒No ☐Yes ☐N/A	List & Describe Supports: Gerd, Anxiety, Bipolar	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 staff support	
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Staff propel in w/c	
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, remove from area or use headphones	
Behavior Support: ☒No ☐Yes	List & Describe Supports: SIB - hit, scratch, bite > staff redirect Inappropriate laughing Thrashing	
Unsupervised Time: ☒No ☐Yes	Describe Supports:	

Important to:	soap operas, music, being included
Important for:	Quiet/calm environ., mental health needs, secure belt, assured he will be using restroom.
Likes:	music, game show, magazines
Dislikes:	Leaving program unexpectedly
Communication Style:	Verbal
Learning Style:	modeling, clear instruction

Lead Review Completed: _____

Staff: Dennis ____   **PAI**   Service Recipient: Adam Fish
Date: 6/25/24   Service Span: 6/24 – 6/25

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: Tegratol, celexa 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: pre packed items from home, call house ____ if want to eat something different
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gerds DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: staff transded now 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: minimal
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff assist adam in wheelchair
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,
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: SIB, may throw to floor,

Unsupervised time while at PAI?	☑ No ☐ Yes
Important to:	Soap operas, music, music, big mehdies
Important for:	calm area, staff knowg mental health needs, reassurance
Likes:	music, game show, magazines
Dislikes:	leaving unexpectedly (cut's), being ignored
Communication Style:	verbal
Learning Style:	modling, clear instructions, hand over ___

Lead Review Completed: _____

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: _Tegretol + Celexa_	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*

Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: _seizures maybe triggered by such as a blender_	

Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: _serve food prepared from mom_	

Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _gurd, anxiety, bi-polar_	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 support for personal cares_	

Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _manually propel him_	

Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _loud noises — may need removed Uses headphones_

Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _has been known to hit, scratch or bite_

Unsupervised Time: ☒ No ☐ Yes	Describe Supports: _none_

Important to: _soaps, music, included_

Important for: _Quiet calm environment_

Likes: _magazines, music, game shows_

Dislikes: _leaving program unexpectedly — being ignored_

Communication Style: _verbal_

Learning Style: _modeling – instruction_

Lead Review Completed: _____

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: Adam is allgic to Trydol/cerro Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Adam seizure is trigg by loud Noise.
Choking/ **Specialized Diet:** ☑ No ☐ Yes	Describe Supports: staff will prepare his food.
Chronic Medical **Conditions:** ☑ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Anxiety, sleep disurrces Bipolar 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: Adam need full support in bathroom and a lot of verbal redirection
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff will mouily propal Adam in wheel chair
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: Adam may be sensitive to loud Noises staff may need to remove Adam
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Psnchcal - hit, strech, hit inapprant laughing
Unsupervised time while at PAI? ☑ No ☐ Yes	

Important to:	Soap opons, music, pet therapy, being included
Important for:	quite, staff Knowing Adams mental state being assure he will be using restroom.
Likes:	music, game show, mangizes
Dislikes:	Leaving Program, unexpendly early
Communication Style:	verbal
Learning Style:	modeling, clear instrons hand over hand

Lead Review Completed: _____

Staff: Ileni M Lubick
Date: 6/25/24

PAI

Service Recipient: Adam Fish
Service Span: Jun 2024 - Sep 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: Allergic to tegretol + celexa	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures May be triggered by loud repetitive noises	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: no soda staff serves food prepared by his mom	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd, anxiety, bipolar	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 support @/+ with postuony uncal correctly	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff manually propells him in wheelchair	
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 and need to be removed from room	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May hit, bit or scratch. Inappropriate laughing	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
Soap operas, music, being included

Important for:
known, bathroom is available, felt secure
quiet calm environment, staff understanding his meds

Likes:
music, game shows, magazines

Dislikes:
leaving medians before over, being ignored

Communication Style: Verbal

Learning Style: Modeling + clear instruction

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 6/25/24

PAI

Service Recipient: Adam Fish

Service Span: June 2024-25

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: tegretol, & celexa	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: may be triggered by loud repetitive noises such as a blender	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: staff serve food prepared by mom	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: gerd, anxiety, bipolar	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 full assistance with personal cares, assist with urinal, verbal redirection	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff propel w/c	
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, may need to be removed from their areas, uses headphones	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: hit, scratch, bite, staff redirect emotional aggression, inappropriate laughing, will thrash / throw himself to floor	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: soap operas, music, being included

Important for: quiet, calm environment, staff knowing mental health needs, secure belt, assurance he will use restroom

Likes: music, gameshows, magazines

Dislikes: leaving program unexpectedly early, being ignored

Communication Style: verbal

Learning Style: modeling, clear instruction

Lead Review Completed: _____

Staff: Dolly Stein

PAI

Service Recipient: Adam Fish

Date: 10/25/24

Service Span: 6/2024 - 6/2025

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: ~~tegretol~~ tegretol & celexa Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: may be triggered by loud repetitive noises such as a blender
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: only food prepared by mom
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Anxiety, Bi-Polar DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff assist him with portable urinal
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff manually propel him in his chair
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: SIB, hit/scratch/bite others. Laughs inappropriately. May thrash causing him to fall.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Music, soap operas, being included

Important for: Quiet Calm environment, Reassurance that he'll be using to bathroom, ~~making~~ making sure his belt is secure

Likes: video games, magazines

Dislikes: leaving early, being ~~agr~~ ignored

Communication Style: Verbal

Learning Style: modeling, clear instruction

Lead Review Completed: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _Tegratol, celexa_	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: _may trigger from loud repitive noises_	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: _No Soda, Slice food made from home_	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _GERD, Bi-Polar, Anxiety_	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 support from Staff_	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _Staff w/ manuelly propel in w/c_	
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: _Sensitivity to loud noises - has head phones_	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _PA - Hit, Scratch, bite_ _vA - innapropriate laughing/Noises_	_may thrash when_ _mad - fall on ground_

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to:
Soap operas, music, being included

Important for:
Check pulse is secure, assurance to use bathroom
quiet/calm environment, staff know mental health needs

Likes:
music, game shows, magazines

Dislikes:
leaving program unexp., bing ignored

Communication Style:
verbal

Learning Style:
modeling, Chan inst.

Lead Review Completed: _____

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: Tegretol + Celexa - allegic to Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Loud noises trigger
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: eats food from home
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: gurd - bipolar - Anxiety DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff support
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff will put him in wheelchair
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 - uses headphones
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: hit - scratch - Bite / emotional Aggression

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: Soap opera - music
Important for: quiet - staff knowing needs - belt secrue
Likes: music - game shows - magazines
Dislikes: Leaving program early
Communication Style: verbal
Learning Style: clear instruction

Lead Review Completed: _____

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: Tegretol + celexa	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Loud nosles - triggar	
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: Food from home	
Chronic Medical Conditions: ☒No ☐ Yes ☐ N/A	List & Describe Supports: gurd, Bipolar, anxiety	DNR/DNI? ☒No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: 	Daily medication at PAI? ☒No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐ Yes	Describe Supports: Staff support	
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Supporting wheelchair	
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 - uses headphones	
Behavior Support: ☒No ☐ Yes	List & Describe Supports: hit, scratch, bites, emontional aggression	
Unsupervised Time: ☒No ☐ Yes	Describe Supports: 	

Important to: Soap opera, music

Important for: quiet, staff understands needs, secure belt

Likes: music, gameshows, magazines

Dislikes: Leaving program early

Communication Style: Verbal

Learning Style: clear instructions