Competency Tracking Form

Participant: Chris Swiger

Annual Service Span: June 2024 to June 2025

Annual Meeting Date: 6/27/2024   **Date Assigned to Lead**: 7/10/2024

Competency Quiz Due for all Staff: 7/27/2024

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
7/24/24	Jm	Jaime Meyer	7/24/24		Julia Baker
7/24	JG	John Gebhardt	7/24/24	RH	Rosaleigh Halverson
7/24/24	ImL	Ilene Lubick	7/24/24	DY	Doua Yang
7/24/24	VK	Laura Kinney	7-24-24	DR	Darlene Rice
		~~Pamela Davis~~	7/24/24	KM	Krista Mischnick
7/24	CS	Cindi Stucky	7/24/24	BM	Brian Mattox
7/24/24	DM	Dennis Moua	7/24/24	LO	Lateeph Onikoro
7.24.24	KS	Kris Smoot	07/24/24	EZ	Elena Zadow
7/24/24	DT	Dave Turner			Josh Snodie
7/24/24	RS	Renee Schmidt			~~Peter Kier~~
7-24-24	NS	Nancy Snyder			
7/24/24	KS	Dolly Stein			

Date Uploaded to LMS: _____

Staff: Kristina Smoot
Date: 7/24/24

PAI

Service Recipient: Chris Swiger
Service Span: June 2024 - 2025

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

	List & Describe Supports:	
Allergies: ☒ No ☐ Yes ☐ N/A		**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Break through Seizures	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickle Size bit, offer a drink after 2-3 bites	
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	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Two Staff to stand - 1 staff to walk - W/C on outings	
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: Hair brushing - rubbing arm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may spit, pull, bite, grabbing	
Unsupervised time while at PAI? ☒ No ☐ Yes		

Important to:
family, peers, water play, recliner, Choices

Important for:
Staff help, being included, 1x1 w/ Staff

Likes:
Outing - peers - recliner

Dislikes:
tomatoes, w, waiting too long

Communication Style:
Facial expressions, body language

Learning Style:
H-H, repetition

Lead Review Completed: _____

Staff: DARLENE RICE
Date: 7-24-24

PAI

Service Recipient: Chris Swiger
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:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: BREAK through SEIZURES	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickle SIZE Bites - OFFER DRINK AFTER 2-3 Bites	
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 ~~AM~~	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	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: TWO STAFF - 1-Stand & 1-WALK Wheel Chairs FOR outing	
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: Hair Brushing & Rubbing Arm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Spit - pull - Bite - grab	

Unsupervised time while at PAI?　☒ No ☐ Yes
Important to: FAMILY - PEERS - WATER play - RecliNER - Choices
Important for: STAFF Help - included - one-on-one time
Likes: outing - PEERS - RecliNER
Dislikes: TOMATOS - ORANGE juice - having to WAIT to long
Communication Style: FACIAL & Body Langues
Learning Style: HAND OVER HAND - Repitition

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: _pollen_ — Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: _break through seizures_ _seizure protocol_
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: _cut into nicklesize pieces_ _drink every 2-3 bites_
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _mild stigmatism_ _strabismus_ _approach from side_ — DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes N/A	Describe Supports: _None here_ — 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 in bathrm_
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: _2 staff to help stand, 1 to walk_ _wheel chair for outings_
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 seek out sensory input brushing his arm or hair_
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: _may spit-pull-strike bite_

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: _family, interacting - 1on1 time   recliner_
peers, water play - time w/ staff

Important for: _when staff helps w/ walk or stand_
1on1 time

Likes: _waterplay   recliner_
1on1 time,   outings

Dislikes: _Tomato's - orange juice - mean ppl - waites to long_

Communication Style: _vocalization_

Learning Style: _visual, processing, rep, hand over hand_

Staff: _David W_   **PAI**   Service Recipient: _Chris S._

Date: _7/24/24_   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: seasonal allergies	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: grand mal, ~~and~~ myoclonic tonic takes meds to control seizures	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: at risk of choking, 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: Staff assist	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: needs full assistance	
Community Support: ☒ No ☐ Yes	Describe Supports: ~~community~~ not ~~problem~~ ~~aware~~ of ~~environment~~	☒ 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 not identify safe ~~from~~ from strangers hearing impaired	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to:	be around and known ppl's, ~~people~~ ... have ~~fun~~
Important for:	walk or ~~distance~~ ... does limit ~~for~~
Likes:	~~pur~~ of lights, chocolate milk, ~~watching~~ ppl's, observing
Dislikes:	not being able to use ipad, raw veggies, loud noise, ~~crowds~~
Communication Style:	vocalization points
Learning Style:	physical + gestural prompt

Lead Review Completed: _____

Staff: Doua Yang	**PAI**	Service Recipient: Chris Swiger
Date: 7/24/24		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: Allergic to pollen.	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Nickel sized pieces. History of break through seizures. partially controlled by medications. Call 911 after 5 mins.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickel sized pieces. staff support chris + often offer a drink. every 2-3 bites.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild astigmation + strobismus. Approach from the side for all interactions	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes N/A	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: Full support	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: 2 staff to help him stand. + walk. 1 staff to walk Chris uses wheel chair for outings	
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: seek sensory input (hair brushing, hand arm massage)	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may spit, grab, pull, strike or bite. provide space for chris.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: family, be around peers / visiting, water play, 1:1 w/ staff

Important for: 1:1 with staff, staff assistance to maintain boundaries. being included

Likes: water play, 1:1 w/ staff, recliner, outings, sweets

Dislikes: Tomatoes, orange juice, people not being nice, having to wait too long

Communication Style:
vocalizations, facial expressions, body language

Learning Style:
visual processing, modeling, repition, hand over hand assistance

Lead Review Completed: _____

Staff: Laura Kinney

Date: 7/24/24

PAI

Service Recipient: Chris Swiger

Service Span: Annual

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: Pollen	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: break through seizures.	
Choking/Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut into small pieces, staff will offer Chris a drink after 2-3 bites.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild stigmutism, staff will approach Chris by his side.	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: Full support in the bathroom	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Two staff to help him stand and one person to walk.	
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: rubbing his arm, Hair brushing.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Chris will spite, bite, grab, pull at others.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, being around peers, water play, having choices, 1:1 with staff

Important for: staff help him when he wants to walk or stand, staff that know him well.

Likes: his chair, outings, being around peers,

Dislikes: orange juice, mean people, having to wait to long.

Communication Style: vocal, facial expressions

Learning Style: visual processing, repitition, HOH

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: **Medication Allergies?** ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order* Chris is allergic to pollen. Staff is aware & will observe for signs.
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Chris has history of breakthrough seizures partially controlled by medication. Chris's seizure protocol includes (calling 911 after 5 minutes)
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Chris's food is cut into nickel size pieces. Staff will support Chris throughout lunch + will offer Chris a drink every 2 to 3 bites.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Mild astigmatism + strabismus. Staff will support Chris by approaching him from the side for all interactions. **DNR/DNI?** ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: **Daily medication at PAI?** ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order* Chris does not take medication at PAI.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Chris Requires full support in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Chris needs two staff to help him stand + 1 staff to help him walk. Chris uses a w/c for outings.
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Chris may
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Chris may seek out sensory input including (hair brushing, rubbing arm)
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Chris may spit, grab, pull, strike or bite at others. Staff will assist by providing space for Chris so others remain safe.

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: Family, being around peers/visiting, interacting with others, water play 1:1 time with staff, sitting in recliner, having choices

Important for: That staff help him when he wants to walk or stand, being included, 1:1 staff time, staff assistance to help maintain boundaries, staff that know him.

Likes: Water play, 1:1 time with staff, recliner, outings, sweets, being around peers.

Dislikes: Tomatoes, orange juice, people not being nice to him, not having 1:1 time, having to wait too long.

Communication Style: Vocalizations, facial expressions, body language

Learning Style: Visual processing, modeling, hand over hand assistance, repetition

Staff: Lateeph Onikoro

Date: 7/24/2024

PAI

Service Recipient: Christ Swiger

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: Christ	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Break throuss seezures Christ has an telling	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Christ food is cut to cube like 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: Christ require full support to set to bathroom. Christ does not take medication at PAI	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chris need two staff to help him stand. 1 staff to help him walk.	
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: Hair Brushing and Rubbing Arm Seek help Sensory Input Including rubbin	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: his hand Spitting, bite staff may assist by creating space for Chris	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, being around peers. water Play, Recliner chair

Important for: Need staff to walk. and one to one time

Likes: Water play, One and one time – Recliner chair

Dislikes: Tomatoes, Orange Juice, mean people

Communication Style: Vocalization, Sign, facial expression

Learning Style: Visual Processing modeling hand over hand Repetition

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: Pollen allergy	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Hx of breakthrough seizures.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Food cut to nickel sizes, Must Drink after 2 to 3 bites,	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild stigmatism, strabosism	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes ~~N/A~~	Describe Supports: No meds at PAI.	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Requires Full support in Bathroom	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Needs 2 staff assist with standing and walking.	
Community Support: ☒ No ☐ Yes	Describe Supports: Must use wheelchair,	☒ 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 seek sensory imput such as hair brushing. Arm rubbing.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May spit, grab, pull, strike at Others	

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: Family, peers, Interacting with staff Having choices,
Important for: Staff helping him, being included, 1 on1 Time
Likes: Water play, Recliner, peers,
Dislikes: Tomatoes, Orange juice, mean people waiting to long.
Communication Style: Facial expressions, Body language
Learning Style: Visuals, Repition, Modeling,

Lead Review Completed: _____

Staff: Allison Z.
Date: 7/24/24

PAI

Service Recipient: Chris Swiger
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: allergic to pollen	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: history of breakthrough seizures, protocol in place	
Choking/ **Specialized Diet:** ☐ No ☐ Yes	Describe Supports: cut into nickel sized pieces, offer drink after 2-3 bites	
Chronic Medical **Conditions:** ☐ No ☐ Yes ☐ N/A	List & Describe Supports: mild stigmatism	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 in bathroom	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: 2 staff - to stand 2 staff - to walk	
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: sensory input hair brushing, rubbing his arm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will spit, grab hold, strike (hit) needs space	

Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	family, having choices, peers, interacting, water play, one-on-one w/ staff
Important for:	staff help to walk/stand, being included, his recliner
Likes:	water play, one-on-one time, outings
Dislikes:	tomatoes, orange juice, waiting too long
Communication Style:	vocalizations, facial expressions
Learning Style:	modeling, repetition, visual processing

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: Pollon	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: History	Parcial control by med Call 911 after 5 mins
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Cut into nickle size bd Drinks after 2-3 bites	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild astigmotism	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No med 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/support Brief	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: 2 staff to stand PAI Wheelchair on outings 1 staff to walk	
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: seek out sensory output Hair Brushing rubbing arms	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may spit grab pull bite spike others give space so peers remain	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: family peers interaction water play l:l recliner choice		
Important for: Staff help being includes l:l the staff that know him		
Likes: Water play recliner outing Being around		
Dislikes: tomatoes oj mean people waiting to long not having l:l		
Communication Style: Voicization body Language facial expression		
Learning Style: Vizul modelling repuations 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 pollen	**Medication Allergies?** ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: has history of seizures/ partially controlled by meds/ has a seizure protocol
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: food cut into bite sized pieces, offering drinks after 2-3 bites, staff will assist
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Mild stigmatism, strabimusm	**DNR/DNI?** ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: No meds @ PAI.	**Daily medication at PAI?** ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: full support in the bathroom.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: needs 2 staff to stand/ 1 to walk uses WC for outings
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: Chris may seek out sensory input like hairbrushing over rubbing his arm
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: will spit, grab hold, strike at others needs space.

Unsupervised time while at PAI?	☑ No ☐ Yes
Important to:	family being around pets, water play, 1-1 w/ staff, his recliner, and choices.
Important for:	Staff help w/ mobility, being included, 1 on 1 time. Staff that know him.
Likes:	water play, 1 on 1 time, his recliner, Being around pets
Dislikes:	tomatos, DJ, mean people, no 1-1 time, waiting
Communication Style:	vocalizations, facial expressions, body language
Learning Style:	hand over hand, modeling, repetition

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: Polleen	Medication Allergies? ☑No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑No ☐Yes ☐N/A	Describe Supports: seizure, controlled by meds, protocol in place	
Choking/ Specialized Diet: ☑No ☐Yes	Describe Supports: Nickel sz pcs, offered drinks every 2-3 bites staff assistance	
Chronic Medical Conditions: ☑No ☐Yes ☐N/A	List & Describe Supports: Mild stigmtizm, ~~deep approach~~ strabismus,	DNR/DNI? ☑No ☐Yes *Located in main file, share with EMT in emergency*
Medication: ☑No ☐Yes ~~XXXX~~	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	
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: 2 Staff = stand 1 staff = walk	wheelchair = outings
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: Hair brushing → seeks input from staff Rubs Arm	
Behavior Support: ☑No ☐Yes	List & Describe Supports: Spit, grab, hold, bite, strike others. Give lots of space	

Unsupervised time while at PAI? ☑No ☐Yes

Important to: Family, peers, water play, 1 on 1 w/ staff recliner, choices

Important for: help w/ walking, included, 1 on 1 time, staff that know him

Likes: Water play, recliner, 1 on 1 time, outings

Dislikes: tomatoes, OJ, mean people, waiting

Communication Style: Vocalizations, facial exp.

Learning Style: Visual processing, hand over hand repetition

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: Pollen — Medication Allergies? ☒No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐Yes ☐N/A	Describe Supports: breakthrough-partially control by meds
Choking/ Specialized Diet: ☒No ☐Yes	Describe Supports: nickel size, drink-2-3 bites
Chronic Medical Conditions: ☒No ☐Yes ☐N/A	List & Describe Supports: stigmatism, strabismus, support by approaching from side. — 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: Full supports
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Needs assistance walking, wheel chair-outings 1 staff to walk, 2 staff to stand
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 seek out sensory input (brush hair, rub arm)
Behavior Support: ☒No ☐Yes	List & Describe Supports: will spit, grab, pull, strike at others. staff make sure he gets space
Unsupervised Time: ☒No ☐Yes	Describe Supports:

Important to: family, peers, water play, recliner, choices

Important for: staff help walk or stand, 1:1 time

Likes: water play, recliner, outings, peers

Dislikes: Tomatoes, OJ, mean people, waiting

Communication Style: vocal, facial, body language

Learning Style: visual, model, hand/hand, repetition

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: Pollen	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: break through seizures partial controlled by meds 911 after 5 mins	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickel sized pieces, offer drink between bites, staff supports	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Mild astigatism strabisus staff approach by side	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: 2 staff to help him staff & 1 staff to help him walk, uses a w/c for outings	
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 seek sensory input including hair brushing & rubbing his arm	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Spits, grabs, pulls, strikes, bites at others staff help others by making sure their not within his reach	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, peers, visiting, water play, 1:1 time with staff, choices, recliners

Important for: Staff helping him walk/stand, being included, 1:1 time

Likes: outings, peers, sweets

Dislikes: Waiting, tomatoes, orange juice, no 1:1 time

Communication Style: facial expressions, body language, vocalizations

Learning Style: repetition, hand over hand, visual processing

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: Pollen	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Breakthrough - Medication controlled	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size, offer drinks 2-3 bites, Assist eating	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Stemiture, striaisbus - approach from side	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes N/A PAI	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: Full Assistance - 2 people	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Assist with 2 staff for standing and 1 for walking. Wheel chair for outings - walks up stairs.	
Community Support: ☒ No ☐ Yes	Describe Supports: Assist	☒ 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: Seeks hair brushing / rubbing arms	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May spit, pull, grab, bite at others. Give Space	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Family, peers, visiting interactions, waterplay, 1:1 time, recliner, choices

Important for: Assisting walking/standing, inclusion. 1:1 time w staff

Likes: 1:1 time, recliner, outings, peers

Dislikes: Tomatoes, orange juice, mean people, waiting.

Communication Style: Vocals, facial, expression, body language

Learning Style: Visual, modeling, repetition, 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 Pollen Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has breack thruth seizures
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Cut into nichel size piees drink inbetwien 2-3 bites
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: astigmatism strobismus staff will suppors by moveing to his side DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: does not take here 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 in restroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: need two staff to stand one staff to walk will use a wheelchair for outings
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 seek out sensory input hair brushing rubing his arm
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will spit pull strike other staff will move chair some wear else

Unsupervised time while at PAI?	☒ No ☐ Yes
Important to:	family being around people intacts with other water play one on one time staff
Important for:	staff help with walking or stand one on one time
Likes:	water play one on one time outing bring with Perry
Dislikes:	tomtos mean people waiting to long
Communication Style:	vocilizong facal expisions
Learning Style:	hand over hand modeling visual proceing repetition

Lead Review Completed: _____

Staff: Ilene M Lubick

Date: July 24/24

PAI

Service Recipient: Chris Swiser

Service Span: June 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:** Allergic to pollen **Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	**Describe Supports:** History of seizure
Choking/ Specialized Diet: ☐ No ☐ Yes	**Describe Supports:** Cut into nickel sized, assisted, drink after 2-3 bites too
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	**List & Describe Supports:** mild astigmatism, strabismus **DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	**Describe Supports:** Doesn't take 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 in Bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** needs wheel chair for outings, Need two staff to stand & to walk
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:** hold, push, or rub on arms may seek out sensory input, including
Behavior Support: ☐ No ☐ Yes	**List & Describe Supports:** Will hit, spit, grab, bite others, Provide lots of space

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: choices, sitting in recliner, Being around family, peers, interacting, water play, 1 on 1 time

Important for: staff helps when needed, 1 on 1 time, being included staff know

Likes: recliner, 1 on 1 time, Being around peers, outings

Dislikes: orange juice, tomatoes in

Communication Style: facial expressions, Body language

Learning Style: visual, processing, modeling, have to be, hands assistance, repetition

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

PAI

Service Recipient: Chris Swieger

Date: 7/24/24

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: pollen	Medication Allergies? ☑No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑No ☐Yes ☐N/A	Describe Supports: history of breakthrough seizures partically controlled by medication	
Choking/ Specialized Diet: ☑No ☐Yes	Describe Supports: nickel size pieces, staff support throughout, offer drink 2-3 bites	
Chronic Medical Conditions: ☑No ☐Yes ☐N/A	List & Describe Supports: mild stigmatizism, strabismus staff approach by side	DNR/DNI? ☑No ☐Yes *Located in main file, share with EMT in emergency*
Medication: ☑No ☐Yes N/A	Describe Supports: no medication at PAI	Daily medication at PAI? ☑No ☐Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑No ☐Yes	Describe Supports: full support in the bathroom	
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: 2 staff to help stand + walk uses w/c for outings. walks up stairs on 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: sensory seeking - hairbrushing, rubbing arm	
Behavior Support: ☑No ☐Yes	List & Describe Supports: will spit, grab, pull, strike, bite staff provide space for others to prevent	

Unsupervised time while at PAI? ☑No ☐Yes

Important to: family, being around peers, interacting, water play, 1v1, recliner, choices

Important for: staff help when walk/stand, being included, 1v1, staff that know him

Likes: waterplay, 1v1, recliner, outings, being around peers

Dislikes: tomatos, orange juice, meeting people, waiting too long, no one on an time

Communication Style: vocalizations, facial expressions, body language

Learning Style: visual processing, modeling, hand on hand, repetition

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: Chris is allergic to pollen Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Has history of seizures
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Cut into bite size of food and help with drink after 2 to 3 bites
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Has a mild aspiration staff will help by haping him on side DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes (NA)	Describe Supports: Chris does not take med 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 in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Chris needs a staff to stand and one staff to walk - Need wheel chair outing
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: Chris may seek out sensory output hair brushing and warme barm
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Chris may spit, grab, pull, strike, bite at others. Need space
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: staff help him when he wants to stand, staff that know him	
Important for: family being around peers, water play, one on one time, having choices	
Likes: Water play, one on one time	
Dislikes: tom. toes orange juices, meeting people waiting	
Communication Style: Volition, Facial expression, Body lauge	
Learning Style: Visual, Pressing, modeling	

Lead Review Completed: _____