

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Pa Vang

Date of hire: 7/29/2024

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: Mathew Martinson, Cassie Hanft, Robert Tulloch, Anothly Sneep, Rory Conway, Shannon Buschmann, Leif Odne

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:	N/A	N/A	N/A	N/A
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i>	9/27/2024	In-person class and demonstration	3.75	Helath Counseling Services

PAI

<p><i>Support Plan, Support Plan Addendum, and Self-Management Assessment</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	8/3/2024	Review of Documents and Quiz	3.75	N/A
<p><i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	8/3/2024	Review of Documents and Quiz	3.75	N/A
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	8/20/2024	In-person class and demonstration	3.75	Health Counseling Services
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	8/3/2024	Review of Documents and Quiz	5	N/A
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	8/3/2024	Review of Documents and Quiz	3.75	N/A
<p>Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:</p>				

Topic:
 Topic:
 Staff signature *Reia* Date 8/8/24

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Staff: Pa la vang



Service Recipient: Matthew Martinson

Date: 01/1/24

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Not able to communicate his allergies, allergies due to being stung by a bee or was exposed to any of his other allergens Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Able to chew/swallow solid foods independently, not able to cut his own food, risk of choking if food is too big or pieces or too quickly
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Accepting to staff to "stop" or "rest", may show signs of circulatory problems through swelling of his feet, ankles, or abdomen, chest pain, legs when walking DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not have time or self-management skill to schedule and attend appointments
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can walk independently, accepts of staff assistance when walking, independently grab on to someone arm for support
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Not aware of pedestrian and safety practices, may wander away from group if something excites him <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Accepts of staff re-direction when its environment is too loud or when an unexpected loud noise occurs, may run away or become frantic when he hears loud noise such as an alarm, siren, motorcycle or a noisy crowd.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: Family, rats, shredding, choices/decisions, going on outings, interacting with peers, playing game with peers	
Important for: choices/decisions independent, that his Epi Pen is ready, shredding, interacting with peers, being included/engaging with peers	
Likes: Rats, riding the light rail, watching airplanes, going out on outings, bowling, visiting friends, listening to music	
Dislikes: Loud noises that may startle him, vegetables, being forced to do activities that he doesn't want to do.	
Communication Style:	
Learning Style:	

Lead Review Completed: _____

Staff: Pa la Vang



Service Recipient: Cassie Hanft

Date: 8/1/24

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergic to perfume, cigarette smoke, straw, hay, mold, dust, pollen and after shave, cold air has has not trigger an asthma attack Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* unable to inform others of her allergies.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: (
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can spoon food in her mouth, can have white bread for sandwiches but should stay away from wheat.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Ambulates as much as she can, but uses a wheelchair for long distances, has a difficult for long distances on uneven terrain DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to independently swallow pill with water, not able to take any medication independent Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not have time or self-management to schedule and attend appointments, not able to communicate facts about her health history
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Likes to remove her shoes and wear slippers or socks, which puts her at risk of injury
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accept of staff assistance near water and is willing to led away for safety <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Accepts of Staff assistance away from busy/loud environments, does not like certain food texture, such as apple sauce ^{sauce} floor
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bang head, kite hand, slap surfaces, throw self to floor, hit, scratch, bite, grab hair, throw items
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to: Recliners, Magazines, mom, attention, soda/pop, interactions with others.	
Important for: Being cognizant for her various health, extreme arthritis, being aware of her menses, chest strap, food prep, keeping her safe when she is upset	
Likes: Magazines, fans, cars, silly humor	
Dislikes: Being rushed, transitions	
Communication Style: Verbal interactions	
Learning Style:	

Lead Review Completed: _____

Staff: Pa la Vang



Service Recipient: Robert Tulloch

Date: 7/30/24

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>History of rash, nausea to succinimide, celomtin, clonazepam, barbiturates. *Listed on MAR, only administer meds per dr. order*</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>willingly to take medication, tend to have increase seizure during illnesses, and/or during night or morning. Has Lennox Gastaut syndrome and a seizure disorder.</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not able to cut his own food into bite size pieces, at risk of choking if eat to big. Staff support are required.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Will not verbally express of his chronic medical conditions. May get more outbreaks and cysts behind his ears.</u>
Medication: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____ <p style="text-align: right;">Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</p>
Personal Cares: <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: <u>Ask him to slow down and walk with them, to keep his eyes open</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>point out important signs or conditions and will verbally remind him to stop and look both ways</u> <p style="text-align: right;"><input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Encourage Robert to take deep breaths and count to 10.</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Digs in trash, and redirect to wash his hands and remind him it is not safe.</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: _____
Important to: <u>Family, food, outings (involve food, candy, pop), hangout time, being around friends, his recorder, shredding, making jokes, being funny, making his own choices/decisions, music, ipad, going out to eat</u>	
Important for: <u>making his own choices/decisions, visiting with friends, regulating his emotions, talking about his feelings, socializing, have alone time when needed, working, engaging in a variety of outgoing.</u>	
Likes: <u>Being around friends, music, ipad, recorder, outings/going out to eat, sweet, shredding</u>	
Dislikes: <u>Coffee, Chili</u>	
Communication Style: <u>Will communicate to staff where he is going before leaving the room.</u>	
Learning Style: _____	

Staff: Pa la vang



Service Recipient: Anthony Sheep

Date: 7/30/24

Service Span: _____

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

Allergies: <input 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:	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independently chew normal foods. Eats to fast which can be a risk of him choking. May eat food is too hot which put him at risk of burns. On a gluten-free diet.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently swallow medication and is accepting of taking his medication's</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Providing him with verbal prompts to maintain respectful boundaries with others.</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>can put his sunglasses on independently, need reminder to put on sunglasses on when sunny out.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Important to: <u>he's always having fun, can be around others, he is busy on the go, he can go swimming, attend summer camp each year, able to follow his routines, be able to do all the activities he enjoys</u>		
Important for: <u>staff support him to achieve his daily needs, it is important for anthony that staff help him safe, help him maintain appropriate boundaries when he's around peers.</u>		
Likes: <u>sports, water activities, bowling, routine/structure, camp, being with peers, staying busy, having fun, learning, iPad, going place</u>		
Dislikes: <u>cleaning his room.</u>		
Communication Style:		
Learning Style:		

Lead Review Completed: _____

Staff: Pat la vang



Service Recipient: Rory Conway

Date: 7/15/12

Service Span: _____

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Accepting of wearing gait belt for safety during seizures.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to feed self, may take large bites of food and overall his mouth. may put non-food items in mouth, or food that has not been prepared</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Accepts gait belt for safety, unsteady and at risk of falling when walking, leads to his right, and needs assistance.</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Not able to comprehend to potential for, crosses traffic, pedestrian</u>	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Accepts staff assistance in deescalation and regulation when overstimulated. may slap at his legs and base of head, may cause marks, increased loud vocalizations, and rapid movements.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Slapping legs and head, biting hands, prior to a seizure, displays behavior of reaching out to the nearest person and grabbing them. potential of unintended hair pulling, scratches and or pinching.</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>sensory items, preferred manipulatives to hold and have access to, time to relax and nap, look out windows, sensory time.</u>		
Important for: <u>Encouragement to be as independent as he is able, balance meals, time and support to be social and engage in activity with others.</u>		
Likes: <u>watching outdoor scenery, sensory activities and holding manipulatives, enjoy community outings that allow him to walk around</u>		
Dislikes: <u>Have to wait for a walk, doesn't like something he will let you know by vocalizing loudly in a loud distress manner.</u>		
Communication Style: <u>Vocalizations, going toward/reaching for things he wants and pushing away, responds well to short verbal requests</u>		
Learning Style: <u>Observe activities, generally, rather than directly</u>		

Lead Review Completed: _____

Staff: Pala Vang



Service Recipient: Shannon Buschmann

Date: 7/31/24

Service Span: _____

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: would not independently take medication that she is allergic to. not able to communicate her allergies. Allergic: tylenol, tylenol #3, latex, septrax and seasonal allergies.</p> <p>Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Describe Supports: ACCEPTS staff assistance when she has a seizure. Not able to communicate to staff that she had a seizure. Has a seizure disorder.</p>
<p>Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Accepts staff assistance during meal time. May put too much food in her mouth at one time. Encourage "chew each bite"</p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports:</p> <p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</p>
<p>Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p> <p>Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</p>
<p>Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Accepts staff assistance with ambulating, able to hold hand rail and pull herself up and into a wheel chair, may fall and injure herself when walking without assistance.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Accepts redirection, not able to comprehend the potential dangers, such as traffic, or pedestrian safety skills. Require support.</p> <p><input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Independently engage with her sensory items (her flippies), may use hard flippies (can cause injury)</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Biting hands, hitting hands, may swipe/throw items, disrobing (taking off clothes)</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>
<p>Important to: Has her flippies, goes on walk, visits other rooms and gets too hangout in the hallway</p>	
<p>Important for: Allowed time to be in the hallway and visits peers, encouraged to participate</p>	
<p>Likes: Her flippies, talking, walks, times in the hallway, visiting other rooms, lunch time</p>	
<p>Dislikes: She does not like it when not getting what she wants, uncomfortable clothing, going back to room after being in the hallway</p>	
<p>Communication Style: speaks calm voice, be patient, offer choices throughout the day</p>	
<p>Learning Style:</p>	

Lead Review Completed: _____

Staff: Paola Vang



Service Recipient: Leif Odne

Date: 01/1/24

Service Span: _____

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: _____</p> <p>Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Describe Supports: <u>Aware that he has a history of seizures, accepting staff assistance when he has seizure, were to fall while having a seizure, becomes pale, has short convulsions (20-30 seconds) and get tired afterwards</u></p>
<p>Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Accept staff assistance when eating, able to eat most solid foods independently</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: _____</p> <p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</p>
<p>Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: _____</p> <p>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>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>NO time management, or self-management to attend appointments independently, lack formal communication system</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Accepts staff assistance when using the arjo during cares, may fall due to his limited strength and lack of balance and at risk of injury</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>LACKS of formal communications system, not able to comprehend the potential danger related to traffic or pedestrian</u></p> <p><input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</p>
<p>Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: _____</p>
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: _____</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: _____</p>
<p>Important to: <u>Family, humor, being included, that staff listens to him</u></p>	
<p>Important for: <u>Humor, being included, that staff listens to him, that staff assists him with eating and cares</u></p>	
<p>Likes: <u>Being funny/humor/jokes, wrestling, food, music, spending time with family, staff, and peers</u></p>	
<p>Dislikes: <u>steaks, loud people, when others are upset, being rushed, change, going to bed, exercising, being ignored.</u></p>	
<p>Communication Style: _____</p>	
<p>Learning Style: _____</p>	