Competency Tracking Form

Participant: Dan Smith

Annual Service Span: August 2024 - August 2025

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

Competency Quiz Due for all Staff: 9/4/2024

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
9/5	JM	Jaime Meyer	09/04/24	JB	Julia Baker
9/4	JG	John Gebhardt	9/4/24	RH	Rosaleigh Halverson
9/4/24	IML	Ilene Lubick	9/4/24	PV	Pa Vang
9/4/24	LO	Lateeph Onikoro	9/4/24	DR	Darlene Rice
9/4/24	JJ	Julie Johnson	9/4/24	KM	Krista Mischnick
9/4/24	CS	Cindi Stucky			
9/4/24	DM	Dennis Moua			
9/4/24	BM	Brian Mattox			
7/4/24	DT	Dave Turner			Josh Snodie
9/5/24	RS	Renee Schmidt			Carla Sykes
9-4-24	NS	Nancy Snyder	9/4/24	LB	Lisa Bailey
9/4/24	KS	Dolly Stein			
09/04/2024	EZ	Elena Zadow			
9/4/24	AZ	Allison Zadach			

Date Uploaded to LMS: _____

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: Takes Tegretol or Carbamezapine Medication Allergies? ☒ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure protocol in MAR book A seizure could be a sign of shunt problem
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut up to bite sizes, Thicken drinks
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: C.P, Dandy Walker, Epilepsy, Intercranif shunt Syndrome DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	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: ~~su~~ wears briefs, Full care in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: At risk for bed sores. check him check wheelchair breaks & locks
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:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Dan will let U know ~~when~~ he is upset, staff to provide a safe place.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family, choices, Tapes, Radio, Games,

Important for: Tell him before moving his wheelchair. Thinkened liquids to drink,

Likes: coke, gree clothes, music

Dislikes: Sudden changes, Moving Unexpected

Communication Style: A Few word pointing, Vocals

Learning Style: prefers short verbal requests, Observe & Routines

Lead Review Completed: _____

Staff: Ilene M Lubick

Date: Sept 4-24

PAI

Service Recipient: Dan Smith

Service Span: Aug 2024 - Aug 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: brand Name Only takes tegretol or carbamazpine **Medication Allergies?** ☐ No ⬤ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ⬤ No ☐ Yes ☐ N/A	Describe Supports: protocol is in his mar, staff will call 911 if he has a seizure because it might be a shunt
Choking/ Specialized Diet: ⬤ No ☐ Yes	Describe Supports: milk during might to nickle size pieces, water & pop nectar thick
Chronic Medical Conditions: ⬤ No ☐ Yes ☐ N/A	List & Describe Supports: epilepsy CP, Dandy walker Syndrome Intercranial Shunt **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:
Mobility/Fall Risk: ⬤ No ☐ Yes at risk for Bed sores	Describe Supports: Wears Brief, full assistance with hoyer
Community Support: ⬤ No ☐ Yes	Describe Supports: will unbuckle belt ⬤ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff sits w/ him & provides reminders at outing
Sensory Support: ☐ No ☐ Yes ⬤ N/A	List & Describe Supports:
Behavior Support: ⬤ No ☐ Yes	List & Describe Supports: When upset yells or flails arms, staff provides a safe place

Unsupervised time while at PAI? ⬤ No ☐ Yes

Important to: Family choices heads up for transitions, tape, radio

Important for: Let him know b/4 moving chair, thicken liquids, reclin

Likes: green color, tape, radio, coke, green shirt

Dislikes: wheelchair moved unexpectly, sudden changes

Communication Style: vocalization / a few words &

Learning Style: short verbal requests going toward objects observation + routine

Lead Review Completed: _____

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

Category	List & Describe Supports
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Dan will only takes tegretol or carbamazepine. **Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Protocol in MAR. Staff will call 911 if will be sign chronic. MAR family
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickel size piece, water & pop need to be thicken, milk no
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: CP, Dandy Walker Syndrome, Epilepsy. **DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NA. **Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wear brief. need full support 2 people with hoyer lift.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to lack of movement. He subject unbuckle belt on wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide full support. ☒ 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: Dan will let you know when up set by yelling

Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	family, choices. Head up for transistion. type
Important for:	Tell before you move wheelchair
Likes:	The color green, tying string, Coca-Cola,
Dislikes:	Having wheel chair move
Communication Style:	verbalization. few words / echone for things
Learning Style:	short verbal request.

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: Brand name Tegretol / Carbamazepine	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: protocol in MAR. Staff will call 911 could be shunt malfunction.	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: cut into nickle size pieces water/pop - nectar thick (milk - not thick)	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP dandy walker syndrome epilepsy - shunt	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: Brief - full ass. w/ hoyer on changes	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk for bed sores unbuckle belt in w/c	
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit w/ Dan on food outings	☒ 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: yelling - flailing arms	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: Family, choices, tapes in radio
Transitions,

Important for: Telling him before moving him
thicken liquids

Likes: Color green, tying string
tape, coke

Dislikes: Having w/c moved unexpectedly / sudden change

Communication Style: vocalizations / few words / objects

Learning Style: short verbal requests, physical prompts, observation routine

Lead Review Completed: _____

Staff: Julie Johnson	**PAI**	Service Recipient: Dan Smith
Date: 9/4/24		Service Span: Aug 24 - Aug 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: Will only take brand name Tegritol carbamacepine **Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: protocol in MAR, staff will call 911 could be a sign of shunt malfunction
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nickel sized pieces, water & pop need to be nectar thick (not thickened milk)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP Dandy Walker Syndrome epilepsy, intercranial shunt **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: wears brief w/ full assistance with hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: @ risk for bed sores due to lack of mobility & he will unbuckle his belt
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit w/ dan on outings ☒ 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: Dan will yell & flail his arms when upset, staff will provide a safe place

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:	Family, choices, warn for transitions tape & his radio
Important for:	prepare him when moving his w/c thicken liquids
Likes:	coke, green clothes, music
Dislikes:	Sudden changes, moving unexpected
Communication Style:	a few words, pointings, vocalization
Learning Style:	short verbal requests, observing, routines

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: _regular brand same only_ Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: _is in MAR, call 911 if sure a seizure_
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: _cut to mechanical small pieces, makes sure drinks/thick_
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: _CP, Walker syndrome (Dandy), Intel (cranial shunt)_ DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: _MA_ Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: _brief, fully assistance to use toilet_
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: _Risk of fall safe, wheelchair, hilt on 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:
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: _refuses to redirect, yell, flail arms._
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: _family, chorus, directors, tape, radio_

Important for: _moving his chair, thicken liquids_

Likes: _coca cola, water, country tape, radio, green color_

Dislikes: _Sudden changes_

Communication Style: _non verbal, vocalizations, few words_

Learning Style: _short verbal segment, physical prompt_

Staff: Brian Mattox
Date: 9/4/24

PAI

Service Recipient: Dan Smith
Service Span: Aug 24 - Aug 25

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

Employment Services Phase:	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _Medication Allergies? ☐ No ☒ Yes_ Only take brand name tegretol or carbamazepine *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has a seizure protocol located in mar staff will call if has one
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: regular diet cut food into nickel size pies water and pop need thicker
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: _DNR/DNI? ☒ No ☐ Yes_ C.P, Dandy walker epilepsy intra cranial shunt *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 assistance use hoyer lift and wears a brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to lack of movement risk of bed sores
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will seat on food outing verbal reminder to slow down _☒ 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: Can show that he's upset by yelling or flail his arms staff bring to safe place

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

Important to: family, chores, tap, radio

Important for: Staff telling before we move wheelchair thick liquids

Likes: coke, color green music tape radio

Dislikes: have wheelchair move unexpectedly sudden changes

Communication Style: vocal few word going toward object

Learning Style: short verble request obevied routine

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: Only brand Name: Tegretol, Carbamazepine **Medication Allergies?** ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Protocol in MAR, staff call 911 if he has seizure could be shunt malfunction
Choking/ **Specialized Diet:** ☑ No ☐ Yes	Describe Supports: Nickel sz pcs, water & pop thickered to nectar no thicker for milk
Chronic Medical **Conditions:** ☑ No ☐ Yes ☐ N/A	List & Describe Supports: CP, DANDY walker syndrome epilepsy, shunt **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: brief, full assistance w/ hoyer in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Bed sore risk =due to lack of movement unbuckle belt on chair
Community Support: ☑ No ☐ Yes	Describe Supports: Sit w/ Dan on food outing ☑ 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: yelling, flailing arms, staff provides safe place

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: family, choices, transition warnings, tape radio

Important for: tell him before you move him
reclining in chair thickered liquids

Likes: color green, tape, radio, coke, green shirt

Dislikes: moves unexpectedly, changes

Communication Style: vocalizations, few words, going to objects

Learning Style: short verbal requests, observation, routine

Lead Review Completed: _____

Staff: Dolly Stein

PAI

Date: 9/4/24

Service Recipient: Dan Smith

Service Span: Aug 2024 - Aug 2025

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: Only takes brand name tegretol or carbazepine	**Medication Allergies?** ☒No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Procto protocol located in MAR call 911 may be sign of shunt malfunction	
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: nickel sized pieces, water/pop thickened to nectar thick	
Chronic Medical Conditions: ☒No ☐ Yes ☐ N/A	List & Describe Supports: CP-, dandy walker syndrome, Epilepsy, Intracranial shunt	**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: wears brief full assistance uses hoyer	
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Due to lack of movement at risk for bed sores	
Community Support: ☒No ☐ Yes	Describe Supports: unbuckels his belt on wheel-chair.	☒ 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: loud vocalizations when upset may flail his arms - staff provide safe place	

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

Important to:	family, choices, heads up for transitions, tape, radio
Important for:	telling him before moving wheelchair, reclining in chair, thickened liquids
Likes:	The color green, tying strings, tape, radio, Coke, green shirt
Dislikes:	Wheelchair being moved unexpectedly, sudden changes
Communication Style:	Vocalizations, few words, going to/reaching for objects
Learning Style:	Short verbal requests, observation, routine

Lead Review Completed: _____

Staff: Elena Zaslow
Date: 09/04/2024

PAI

Service Recipient: "Dan" "shawn" Smith
Service Span: Aug 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: Brand name - tegretol or carbamacepine Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: MAR - protocol - call 911 (shunt masfunction)
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Bite size, water/soda with nectar with straw
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, dandy walker sydrom, epialpeny intercrainal shunt 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: Assist with hoyer, full assist BMN (2 people)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Risk for bed sores, sometimes unbuckle his belt
Community Support: ☒ No ☐ Yes	Describe Supports: Assist, sit with on outings ☒ 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: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Jelling/phulling arms provide safe place

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, chocles, transition notue, tape, + radio

Important for: Notue for transitions, reclining, thicken liquels

Likes: green, tape, radio, coke, green shirt

Dislikes: transitions-unexpected, sudden changes

Communication Style: Sign, vocals, few words, objects

Learning Style: short verbal request, observation, routine

Lead Review Completed: _____

Staff: Allison Zadach

PAI

Date: 9-4-24

Service Recipient: Dan Smith

Service Span: Aug 24 - Aug 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: Only take brand name tegretol, carbamazepine	**Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure protocol is in his MAR, staff will call 911 if he has a seizure (shunt malfunction)	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: cut into nickel size pieces, water + pop nectar thick	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, dandy walker syndrome, epilepsy, intercranial shunt	**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: Wears a brief, full assistance	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Dan is at risk for bed sores, will unbuckle his belt on his wheelchair	
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will sit w/ Dan during outings	☒ 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: Dan will yell or flail his arms when upset (staff provides a safe place)	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, choices, heads up for transitions, tape, a radio

Important for: telling him before we move his wheelchair, thicken liquids, reclining chair

Likes: color green, his tape, radio, Coke

Dislikes: having his wheelchair moved unexpectedly

Communication Style: vocalizations, a few words, going toward objects

Learning Style: short, verbal requests observation, routine

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: Will only take brand name Tegretol or carbamazepine **Medication Allergies?** ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: Seizures will be reported to 911 and parents. may indicate shunt malfunction
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: regular diet w/ skim milk. needs nickel sized pieces. thin liquids need to be nectar thick. milk does not need to be thickened
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: cerebral palsy and dandy walker syndrome, epilepsy, VP tracheal shunt **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: requires full assistance w/ hoyer + brief changes. can sign for the bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports:
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will make sure den cots slowly ☐ 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: Staff will redirect when Dan gets upset

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: Choices, heads up for transitions, his radio

Important for: heads up for transitions, reclining in chair, thickened liquids

Likes: Green, tape, radio, cate, green shirt

Dislikes: having w/c moved unexpectedly, sudden changes

Communication Style: vocalizations, few words, reaching for things

Learning Style: Short verbal requests, observation, routine

Lead Review Completed: _____

Staff: Rosaleigh Halvorson **PAI** Service Recipient: Dan Smith

Date: 9/4/24 Service Span: August 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: Medication Allergies? ☐ No ☑ Yes brand name tegretol - carbamazepine *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: seizure protocol in MAR staff call 911 - could be sign of shunt malfunction
Choking/ **Specialized Diet:** ☑ No ☐ Yes	Describe Supports: nickel size pieces water/pop nectar thick
Chronic Medical **Conditions:** ☑ No ☐ Yes ☐ N/A	List & Describe Supports: CP, dandy walker syndrome DNR/DNI? ☑ No ☐ Yes epilepsy, intercranial shunt *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: full bathroom assistance hoyer, brief
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: at risk for bedsores due to lack of movement, unbuckles belt
Community Support: ☑ No ☐ Yes	Describe Supports: ☐ Staff will model pedestrian & stranger safety, staff sit with him on provide transportation in the community, food outings- verbal reminder & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yells - flail arms when upset staff provide staff place

Unsupervised time while at PAI? ☑ No ☐ Yes
Important to: family, choices, heads up for transitions, tape, radio
Important for: telling him before moving w/c, reclining in chair thickened liquids
Likes: the color green, tape, radio, coke, green shirt
Dislikes: w/c move unexpectedly, sudden changes
Communication Style: vocalizations, some words, going towards objects
Learning Style: short verbal requests with physical prompts, observe, routine

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: brand name tergnol, and	**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: protcol mar, call 911 if a seizure happens,	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut into nikcel size bites, water / pop thicken, milk no thicken	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: C/P, dandy walker, epliscy,	**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: wears broif, needs full assit with hoyer,	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lack of monohment in/out his w/c, unbumiere hrs bett	
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit with Dan on food outing for reminders	☒ 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: let you know if upsets, yells, show,	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Family, choices, hands up of transtions, tape, his radio

Important for: staff telling him before moving, reading 5 min, thinceing liquid

Likes: green, typing, music, head massages, green shirt

Dislikes: moving unexpected,

Communication Style: vocalization, few words, going towards objects

Learning Style: short verbal request, observation, rsutine

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 - BRAND NAME	**Medication Allergies?** ☒ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff will call 911	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: NICKLE SIZE PIECES - USE Thickit FoR DRinks	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Dandy WALKER ~~System~~ Syndrome	**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 ASSisbance	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MAY get Bed SOARS - will unbuckle BELTS	
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit with him on Outing	☒ 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: yelling + moving ARms	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: FAmily - choices - TAPE - Radio

Important for: Telling Before moving Wheelchair
Thicken Drinks

Likes: GREEN - TAPE - COKE - GREEN shirt

Dislikes: Be moved unexpectedly

Communication Style: Vocal - objects

Learning Style: Short verbal Request - Routine

Lead Review Completed: _____

Staff: Krista. M

Date: 8/4/24

PAI

Service Recipient: Dan Smith

Service Span: Aug 24 - Aug 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: Dan will only take brand name Tegretol or Carbamacpine	**Medication Allergies?** ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Dan seizures protcol is in the mar. Staff will call 911 if he has a seizure could be shut	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite size pieces. on thick it	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: CB Dandy walker syndome, Epilsy cranial shut	**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: Dan full assiace in bathroom. wears Belt	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Due to lack of movement, risk of Bedsores. Dan will undo is Belt on wheel chair	
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will sit with Dan on outings for food reminders	☑ 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: can communite when upset by yelling or swinging arms. Staff will provide a safe place	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:
family, choice, transisters, tape, radio

Important for:
telling Before moving his wheel chair, reliving for 5 mins during day and thick liqudrs

Likes:
color green, tape, vaido, green shirt

Dislikes:
having wheel chair moving unexpectdly, sudden changes

Communication Style:
non verbal

Learning Style:
consitent, structed routine.

Lead Review Completed: _____

Staff: Lisa Bailey

Date: Sept 4, 2024

PAI

Service Recipient: Dan Smith

Service Span: August 2024 - August 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: only take Brand name Tegretol or Carbemazepine **Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure Protical in MAR, Staff will Call 911, Could Malfunction of Shunt
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dan food Cut nickel size piece, water pop thicken not milk
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: C/P, Dandy Walker, Epelipsy + Intra Craninal Shunt **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: Request full assist in bathroom, use shower and wear brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: In/out of wheel chair, Will
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit up with Dan on outtings, give verbal cues ☒ 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: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Dan will yell + move arms, when upset. Staff will have Safe area during this time

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: family, head up for transition, Tape, Radio,
Important for: Staff telling before moving wheelchair, Recliner, thicker liquid
Likes: Color green, tape, radio, Coke, green Shirt
Dislikes: Having this wheel chair moved, unexpected changes
Communication Style: Vocalsydan, Non verbal, few words, going toward objects
Learning Style: Short verbal request, observation, routine

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 9/5/24

PAI

Service Recipient: Dan Smith
Service Span: 8/24 - 8/25

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: Only takes Tegretol or Carbazepine	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol: call 911 may show signs of shunt malfunction	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: nickel size pieces water/pop thickened to nectar consistency	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP-dandy walker syndrome, Epilepy Intracranial	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: Wears brief - full assist with hoyer	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Self propel wheelchair staff assist At risk for bed sores	
Community Support: ☒ No ☐ Yes	Describe Supports: unbuckles seat belt on chair	☒ 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: loud vocalizations & may flail arms when upset staff offer safe place	
Unsupervised time while at PAI? ☒ No ☐ Yes		

Important to: family, choices, tape, radio heads up for transitions

Important for: telling him before moving his chair, reclining in chair
thickened liquids

Likes: color green tying strings tape radio, coke

Dislikes: Wheelchair being moved unexpectedly
sudden change

Communication Style: vocalization few words going to/reaching for objects

Learning Style: short verbal request observation routine

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 9/5/24

PAI

Service Recipient: Dan Smith
Service Span: 8/24-8/25

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: only takes Tegretol or carbazepine	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol. call 911 may be sign of shunt malfunction	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nickel size bites, water/pop thickened to nectar consistency	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP- dandy walker syndrome, Epilepsy Intracranial shunt	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: wears brief - full assist w/Hoyer	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: At risk for bed sores	
Community Support: ☒ No ☐ Yes	Describe Supports: unbuckles seat belt on chair	☒ 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: loud vocalizations & may flail arms when upset. Staff offer safe place.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, choices, tape, radio, heads up for transitions

Important for: tell him before moving chair, reclining in chair, thickened liquids

Likes: color green, tying strings, tape, radio, coke, green shirt

Dislikes: wheelchair being moved unexpectedly, sudden changes

Communication Style: vocalizations, few words, going to/reaching for objects

Learning Style: short verbal requests, observation, routine

Lead Review Completed: _____

Staff: Dave Turner	**PAI**	Service Recipient: Dan (Shawn) Smith
Date: 8/28/24		Service Span: Aug. 2024 - Aug. 2025

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order* Dan will only take brand name Tegretol or Carbamazepine
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff will call 911 and his parents if Dan has a seizure. It could be a sign of a shunt malfunction.
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Dan's food is cut into nickel size pieces. Both water + pop need to be nectar thick consistency. Milk does not need to be thickened. Avoid artificial sweeteners to reduce chance of seizures.
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, Dandy Walker Syndrome, Epilepsy, Intracranial shunt 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: Dan wears a brief + requires full assistance using the hoyer for bowel + bladder. Dan can verbalize or sign when he needs to use the bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to lack of movement, Dan is at risk for bed sores. On occasion Dan will unbuckle safety belt on w/c.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will sit with Dan at food outings + provide verbal reminders to slow down. ☒ 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: Dan will show you when he is upset, by yelling+ flailing his arms. Staff will provide Dan a safe space during these times so he does not harm self or others.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to:	Family, choices, heads up for transitions, tape, radio
Important for:	Staff telling him before moving his wheelchair, reclining in chair, thickened liquids.
Likes:	color green, tape, his radio, coke, water, green shirt (as a manipulative)
Dislikes:	Having his wheelchair move unexpectedly, sudden changes.
Communication Style:	~~Non-verbal~~, vocalizations, a few words, going towards objects
Learning Style:	Short verbal requests, observation, structure + routine

Lead Review Completed: _____