Competency Tracking Form

Participant: Aaoron Phelps

Annual Service Span: August 2024 to August 2025

Annual Meeting Date: 8/6/2024   **Date Assigned to Lead:** 8/6/2024

Competency Quiz Due for all Staff: 8/31/2024

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	09/09/24	JB	Julia Baker
8/.4	JG	John Gebhardt	9/4/24	RH	Rosaleigh Halverson
9-4-24	JmL	Ilene Lubick	9/4/24	PV	Pa Vang
		Laura Kinney	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	BM	Brian Mattox
9/4/24	DM	Dennis Moua	9/4/24	LO	Lateeph Onikoro
		Kris Smoot			
9/4/24	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: Topical Phenol, Tegretol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partial controlled seizure disorder. Last one in 2009. Seizure could by shunt Falure	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Needs Lactose Free Milk, cut up foods,	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hydroselelics, Enf Cerebal Palsey, cranial shun,	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: Single standing in bathroom wears AFO's on legs	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ~~Sometimes~~	
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: Remind him about boundries of others	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Interaction with others/helping others,

Important for: Personal Boundries, Wheelchair stafety

Likes: Connect 4 Game, Magazines, buttons, hugs. Helping Others and watching people

Dislikes: Being told "no" Not getting what he wants

Communication Style: spoken words pictures,

Learning Style: Gestures, physical prompts

Lead Review Completed: _____

Staff: Ilene M Lubick

PAI

Date: Sept 4-24

Service Recipient: Aaron Phelps

Service Span: Aug 2024 -2025 August

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: topical phenol tegretol — Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: last time 2029 partially controlled seizure disorder
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: lactose free milk cut into bite size pieces eats independently
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP (Cerebral palsy) Hydrocephalus epilepsy internal 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: Full Brief change, can use toilet if given time stand/pivot
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes unbuckles lapbelt, AFO's for all transfers
Community Support: ☒ No ☐ Yes	Describe Supports: History of removing lapbelt — ☒ 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: Has issues with boundaries, staff give reminder

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Interactions w/ others, manipulatives, Helping others Indep

Important for: personal boundaries, wheelchair safety, lactose free milk

Likes: Connect four, Magazines, giant lacy buttons, Helping others, people, hugs

Dislikes: Loud noises, Being told NO

Communication Style: Few simple signs, pointing, can indicate yes/no

Learning Style: Gentle verbal reminder, spoken words, pictures, gestures

Lead Review Completed: _____

Staff: Lateeph Ojikoro
Date: 9/4/2024

PAI

Service Recipient: Aaron Phelps
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: Topical Phenol & Tegretol	**Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partially Control Seizure disorde Last 2009	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Lactose free milk. eat independently. cut food is bite size pieces	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP Hydrocephaluz Epilepsy	**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: He pull brief change. stand using the bar.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes unbuckel is sit belt. Wear braces on both foot.	
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: ~~Have issue of boundaries~~	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Have issue with boundaries	

Unsupervised time while at PAI?　☒ No ☐ Yes

Important to: Interaction with others. Independent activities Helping other

Important for: Lactose free milk Boundaries.

Likes: Connect four, Magazine, hugs. helping others.

Dislikes: Loud noises, being told No.

Communication Style: Verbal, View Simple Sign. Can Indicate Yes/No

Learning Style: Gentle verbal reminder, Pictures and gestures Spoken words.

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: topical - phenol tagetol Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: partially controlled — last one 2009 shunt malfunctioning (seizure act)
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: lactose free milk
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: cerabal palsy, hydrocephalus epilepsy, inter cranial 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: Full brief change - use toilet if given enuf time pivot bar
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: sometimes unbuckles lap belt AFD's should use for transfers
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: ssu boundrip - turned on elec whel c.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: interaction others -
activities
helping others

Important for: personal bruchup
lactose free milk

Likes: connect 4 - lacing buttons - helping
magazines   hugs   - ppl watching

Dislikes: loud noises - told no

Communication Style: Simple signs, point or propel himself to what he wants.

Learning Style: gentle verbal reminders, pics + gestures

Lead Review Completed: _____

Staff: Dennis Moore   **PAI**   Service Recipient: Aaron Phelps

Date: 9/9/24   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: topical phenol, tegretol	Medication Allergies? ☐No ☑Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑No ☐Yes ☐N/A	Describe Supports: partial controlled maybe a sign of shunt malfunc, if has a seizure	
Choking/ Specialized Diet: ☑No ☐Yes	Describe Supports: ~~diet~~ lactose free milk, eats independently, bite sized pieces	
Chronic Medical Conditions: ☑No ☐Yes ☐N/A	List & Describe Supports: CP, hydrocephalus / ~~epilepsy~~, cranial 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: 1 person brief change, ~~transfer~~ can stand / use bar	
Mobility/Fall Risk: ☑No ☐Yes	Describe Supports: may unbuckle lap belt, AFO used for transfers	
Community Support: ☑No ☐Yes	Describe Supports: Can remove lap belt	☑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: issues with boundaries, aggressive hugs near by to mind shake	
Unsupervised Time: ☑No ☐Yes	Describe Supports:	

Important to:	interact with others, independent activities many pictures
Important for:	personal boundaries, food choices (safety)
Likes:	connect 4, greet visitors, hugs, informs others Bpm marches
Dislikes:	waiting on hmm / loud noises
Communication Style:	verbal (comments)
Learning Style:	spoken words / pics / gestures

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: Topical phenol & Tegrital Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: partially controlled seizure disorder last seizure 2009 Seiz activity may be a sign of shunt malfunction
Choking/Specialized Diet: lactose free milk ☒ No ☐ Yes	Describe Supports: eats independently bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: C.P. hydrocephalus 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: full brief change will use toilet Stand & pivot
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unbuckles seat belt AFOS
Community Support: ☒ No ☐ Yes	Describe Supports: history of removing seat belt ☒ 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: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: boundaries, aggressive hugs, verbal reminders to keep boundaries

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: Interaction, independence, manipulatives helping others
Important for: personal boundaries lactose free milk we safety
Likes: connect four, magazines giant buttons, hugs people watching
Dislikes: loud noises, being told no
Communication Style: a few signs, self propels, can indicate yes & no
Learning Style: gentle verbal reminders, spoken word, pics gestures

Lead Review Completed: _____

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

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Topical Phenol tegretol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizures disorder Last one 7/2009 Sign or shunt malfuntion	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: lactose Able to eat independatly when food is cut into bites size piece	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral palsy- Spastic Hydrocephalus, Epilepsy intracranil 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: Full brice chages can use tolet when give time	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Somtimes removs lap belt	
Community Support: ☒ No ☐ Yes	Describe Supports: Somtimes remove lap belt	☒ 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: Gives hard Hugs, staff will remind give hand shakes	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes
Important to: interact with others independent activity
Important for: Personal boundaries lactose Free m'lk wheelchair safly
Likes: comic 4 magazin book people watching
Dislikes: loud noise bring told NO wait for lunch
Communication Style: Simple signs can point to what he wants
Learning Style: gentle reminds verbal cues

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: Topical Phenol, Tegretol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partially Controlled Seizure	Last seizure 7/2009
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Lactose-free milk	Able to eat independently food cut up in bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy- Spastic, Hydrocephalus 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: Single standing pivot w/ handle bar reminders to hold rail both hands Full brief change may use toilet when given time	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes unbuckles lap belt AFO's Staff encourage to propel self	
Community Support: ☒ No ☐ Yes	Describe Supports: Aaron has history of removing belt & Breaks Staff will propel chair in crowds curbs rough terrian	☐ 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: enjoys hugs from staff and peers - has issues with appropriate bounderies Comfortable - 1 side hug reminders to keep hand to self Has turned on electric wheelchairs	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: interacting with others independent activity, magazines hanging out with peers helping visiting

Important for: Personal boundaries lactose free milk wheelchair safety

Likes: Connect 4, magazines, books, Hugs, helping

Dislikes: loud noises being told no waiting for his lunch

Communication Style: few simple signs (more, done please) can indicate yes Shake head for no

Learning Style: gentle reminders verbal cues understands spoken words pictures gestures

Lead Review Completed: _____

Staff: _Dave Turner_

Date: _8/12/2024_

PAI

Service Recipient: Aaron Phelps

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: Topical Phenol, Tegretol	Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizure disorder. Last seizure on 7/2009. Seizure activity may be a sign of shunt malfunction	
Choking/ **Specialized Diet:** ■ No ☐ Yes	Describe Supports: Lactose – Free milk. Able to eat independently when food is cut up into bite sized pieces.	
Chronic Medical **Conditions:** ■ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy – Spastic, Hydrocephalus, 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: Single standing pivot with handlebar – Full brief change but can use toilet if given enough time. Staff give verbal prompts and reminders while he's in the bathroom. Staff need to remind him to use both hands for the handrail when standing during his standing pivot.	
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Aaron sometimes unbuckles his lap belt. Staff encourage him to propel himself. Aaron has bilateral AFO's that he should wear into PAI for all transfers.	
Community Support: ■ No ☐ Yes	Describe Supports: Aaron has a history of removing his lap belt while on transportation. Staff will help him propel his wheelchair in crowds, curbs, on rough terrain or through doorways. ■ 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: Aaron enjoys hugs from staff and peers. He sometimes has an issue with appropriate boundaries with staff/peers. If staff are comfortable, they can give Aaron one side hug a day. Staff will verbally remind him to "keep your hands to yourself" or redirect with a handshake. Aaron has turned on the electric wheelchair of others and tried to move them. Staff verbally redirect him if he is picking at his skin or biting his nails.	

Unsupervised time while at PAI?　■ No ☐ Yes
No unsupervised time.

Important to: Opportunity to interact with others, independent activity, magazines, hanging out with peers, helping others, visiting with friends.

Important for: Personal boundaries, lactose free milk, wheelchair safety

Lead Review Completed: _____

Staff: Doug Shefler

Date: 9-4-24

PAI

Service Recipient: Aaron Phelps

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

Category	List & Describe Supports	
Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Topical – listed on MAR Phenol & tegretol	**Medication Allergies?** ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Partial control seizure disorder , last=7/09, maybe sign of shunt malfunction	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: lactose free milk , eats independently - bite sz pcs.	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: C.P. - hydro-cephalus, epilepsy, inter cranial 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: full brief change · stnd & pivot using bar toilet use if given enough time	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: will unbuckel lap belt AFOs - wear for all transfers	
Community Support: ☑ No ☐ Yes	Describe Supports: will unbuckle lap belt	☐ 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: boundary issues, likes hugs, "hands to yourself"	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: interaction w/ others, independence, helping others

Important for: Personal boundaries, lactose free milk, wheelchair safety

Likes: Connect 4, Magazines, buttons, hugs, helping, people watching

Dislikes: loud noises, being told No

Communication Style: simple signs, propells to what he wants - Y & N

Learning Style: gentle verbal reminders, spoken words, gestures

Lead Review Completed: _____

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

Employment Services Phase:

Allergies: ☒No ☐ Yes ☐ N/A	List & Describe Supports: topical phenol, tegretol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizure disorder. Last on 7/2009 Seizure activity may be sign of shunt malfunction	
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: lactose free milk. Bite sized pieces but eats independently	
Chronic Medical Conditions: ☒No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral palsy-spastic, hydrocephus, Epilepsy, intracranial shunt	DNR/DNI? ☒No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: Standing pivot full brief change uses toilet w/ enough time ✓	Daily medication at PAI? ☒No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒No ☐ Yes	Describe Supports: See above	
Mobility/Fall Risk: ☒No ☐ Yes	Describe Supports: Sometimes unbuckles lap belt wears AFO's	
Community Support: ☒No ☐ Yes	Describe Supports: Staff propel his chair in community	☒Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒No ☐ Yes ☒N/A	List & Describe Supports: N/A	
Behavior Support: ☒No ☐ Yes	List & Describe Supports: Enjoys hugs but trouble with boundaries redirect	

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

Important to: interactions w/ others, independently activity, visiting w/ others

Important for: Personal boundaries, lactose free milk, wheelchair safety

Likes: Conmeet Pour, magazines, hugs, people watching

Dislikes: loud noises, being told "no", waiting for lunch

Communication Style: few simple signs, points/propels to wants, indicate yes/no

Learning Style: Actively engage, gentle verbal reminders, pictures, gestures

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: Topical phenol + Tegretol "MAR" Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Part. controled - shunt malfuction Last on 07/2009
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Lactose free milk - Bite size "IND"
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, hydrocephalus, epilepsy, Intercranial 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 Brief - Bm/void. Stands with Bar
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes unbuckle lap belt - wears AFO's
Community Support: ☒ No ☐ Yes	Describe Supports: History of removing lap belt ☒ 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: Aggresive hugs, redirect - say "No"

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Interactions, IND, malipuatives, helping,

Important for: Boundries, Lactose free, wheel chair safty

Likes: Connect four, buttons, magazines, hugs, helping, people watching

Dislikes: Loud noises, being told "No"

Communication Style: Point, movement, sign

Learning Style: gental verbal reminders, gestures, pictures

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: Phenol Topical, Tegretol	**Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizure disorder Last seizure in 2009	
Choking/Specialized Diet: ☒ No ☐ Yes	Describe Supports: Lactose free milk, eats independently; cut up food into bite size pieces	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP hydrocephalus, 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: full brief change, can use toilet stand & pivot using the bar	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unbuckles his lap belt, AFO's wear for all transfers	
Community Support: ☒ No ☐ Yes	Describe Supports: has history of removing his lap belt	☒ 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: Aaron has issues with boundaries, staff remind him	

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: interaction with others, independent activities manipulative
Important for: personal boundaries, lactose free milk
Likes: Connect 4 magazines, giant lacing buttons, hugs, helping others, people watching
Dislikes: Loud noises, being told no
Communication Style: a few simple signs, can propel himself to things he wants
Learning Style: gentle verbal reminders, spoken words, pictures, gesture

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* Topical Phenol, Tegretol
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: partially controlled seizure disorder. last seizure 07'09 – may be sign of shunt malfun.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: lactose-free milk. eats independently but needs 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* cerebral palsy - spastic, hydrocephalus, epilesy, intracrenial shunt
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 brief change but can use toilet in schedule. stands + pivots using bar
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: sometimes unbuckles his lap belt. has AFO's to be used for all transfers
Community Support: ☐ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs. aaron has history of removing his lap belt
Sensory Support: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: aaron has issues w/ boundaries. Staff will remind aaron of boundaries w/ others

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: interaction w/ others. Independent activities. manipulatives. helping others

Important for: personal boundaries. Lactose-free milk, w/c safety

Likes: Channel 4, magazines, lacing buttons, hugs, helping others, people watching

Dislikes: loud noises, being told no

Communication Style: a few simple signs, can propel to things he wants. Indicates y or N

Learning Style: gentle verbal reminders, spoken words, pictures and gestures

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 9/4/24

PAI

Service Recipient: Aaron Phelps

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: topical phenol, tegretol Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: partially controlled seizure disorder, last seizure 7/2009, may be a sign of shunt malfunction
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: lactose free milk independently eats, bite sized pieces
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: cerebral palsy - spastic, hydrocephalus, 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: full brief change, uses toilet with standing pivot transfer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: sometimes unbuckles lapbelt, wears AFOs for all transfers
Community Support: ☑ No ☐ Yes	Describe Supports: history of removing lapbelt ☑ 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: boundaries, gives hugs staff provide reminders to keep hands to self / handshake

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: interaction with others, independent activities, manipulatives, helping

Important for: personal boundaries, lactose free milk, w/c safety

Likes: connect 4, magazines, giant lacing buttons, hugs, helping others, people watching

Dislikes: loud noises, being told no

Communication Style: simple signs, point/propel, "yes" "no"

Learning Style: gentle verbal reminders, spoken words, pictures, gestures

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: Topical Phenol, tegretol Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: last seizure 7/2009,
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: lactose, free milk, eat independently, but cut food into bite size
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: C/p . hydrocephalus, epilscy. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: full change /use if ~~stop e~~ enough time, Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full change /use it enough time
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: sometimes unbunkle his belt, braces.
Community Support: ☒ No ☐ Yes	Describe Supports: removing lap belt ☒ 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: issue wit boundaries, hugs/aggorisve, hands to self/ hugs

Unsupervised time while at PAI? ☒ No ☐ Yes	

Important to: interact with others, activites, helping others.

Important for: Personal boundaines, lactose-milk, w/c

Likes: connect 4's, maginzes, lacing buttons, hugs, helping others, people watuhing

Dislikes: loud noises, being told no.

Communication Style: a few simple signs/needs, indicate yes or no.

Learning Style: gentle verbal reminders. verbal cues, spoken words, and pictures

Lead Review Completed: _____

Staff: DARLENE RICE

Date: 9-4-24

PAI

Service Recipient: Aaron Phelps

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: TEGRETOL - Topic Phenol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: PARTIAL SEIZURE	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Bite Size Pieces - Independent	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: STAFF HELP w/ BRIEf CAN USE TOILET	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometime unbuckles Belts	
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: BOUNDRIES - AGGRESSIVE Hugs	

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: Interaction w/ others - helping
Important for: Boundries - wheelchair safety
Likes: Connet Four - magazines - Hugs - people watching
Dislikes: Loud Noise - Being told No
Communication Style: Signs - Yes & No
Learning Style: Verbal - spoken words - Pictures

Lead Review Completed: _____

Staff: Krista M
Date: 8/4/24

PAI

Service Recipient: Aaron Phelps
Service Span: Aug 04 - 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: Topical Phenol, Tegretol	Medication Allergies? ☐ No ☑Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizure disorder.	
Choking/ Specialized Diet: ☑No ☐ Yes	Describe Supports: Lactose-free milk, able to eat independently when food is cut up into bite size	
Chronic Medical Conditions: ☑No ☐ Yes ☐ N/A	List & Describe Supports: (cb) hydrocephalus, Epilepsy, intracial 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: Full brief change, but can use toilet if need. can stand while using bar	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: will unbelt is lap belt. should wear AFO	
Community Support: ☑No ☐ Yes	Describe Supports: has history undoing lap belt	☑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: Boundries. Likes to give hugs. But remind doing hand shakes.	

Unsupervised time while at PAI? ☑No ☐ Yes

Important to: interact with others, independ activities and helping others

Important for: Personal boundaires, lactose free milk, wheel chair safety

Likes: connect fours, books, giant lacing bottons

Dislikes: loud noises, being told (NO)

Communication Style: (Signs) (Point) can tell you yes) or (NO)

Learning Style: Verbal cues, spoken words, pictures.

Lead Review Completed: _____

Staff: *Lisa Bailey* **PAI** Service Recipient: *Aaron Phelps*
Date: *Sept 4, 2024* Service Span: *August 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: *Topical Phenol, Tregetol* 	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: *Partally Control seizure disorder, last seizure 7/2009 Seizure activity may be sign of shunt malfuction*	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: *Lactose free milk, Eats Eat independantly for is cut up in small peices*	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: *c/p, spastic, Hydrocephalic, epelpsy, 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: *full brief, Stand & pivot using the bar*	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: *Aaron Sometimes unbuckles belt, Staff to probel hmself*	
Community Support: ☒ No ☐ Yes	Describe Supports: *Aaron has history of removing lap belt*	☐ 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: *Aarone enjoys hugs from Staff*	

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: *Interaction with others, helping others*
Important for: *Personnal boundaries, lactose free milk, wheel chair Safety*
Likes: *magazine, Connect 4, hugs, helping others, people watching*
Dislikes: *Loud noise, being told no*
Communication Style: *few simple signs (more, done, please) can undicate yes or no*
Learning Style: *Gentle verbal reminders, pictures, gestures*

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: Topical Phenol, Tegretol	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Partially controlled seizure disorder. Last on 7/2009 may be sign of shunt malfunction	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Lactose-Free milk. Eats independently with bite size pieces.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP- spastic, Hydrocephalus, 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: Single stand pivot w/handrail - full brief change, can use toilet if given time. Verbal prompts & reminders - use 2 hands on handrail.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes unbuckles belt. Encourage to propel self. Bilateral AFO's he should wear into PAI for transfers.	
Community Support: ☒ No ☐ Yes	Describe Supports: Removes lap belt on transportation, staff help propel chair in crowds, curbs, through doorways.	☒ 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: enjoys hugs from staff & peers. Inappropriate boundaries w/peers & staff. Staff remind him to keep hands to himself. or redirect w/handshake.	

Unsupervised time while at PAI?   ☒ No ☐ Yes
Important to: Interact w/others, independent activity, magazines, hanging w/peers, helping others, visiting w/ friends.
Important for: Personal Boundaries, lactose free milk, wheelchair safety
Likes: connect four, magazines, books, giant lacing buttons, hugs, helping others, having different foods to eat, people watching
Dislikes: loud noises, being told no, waiting for lunch.
Communication Style: Simple signs, & he can point to or propel to things he wants. Indicates yes & shakes head no.
Learning Style: Actively engage in activity, gently reminders & verbal cues, can understand spoken words, pictures & gestures

Lead Review Completed: _____